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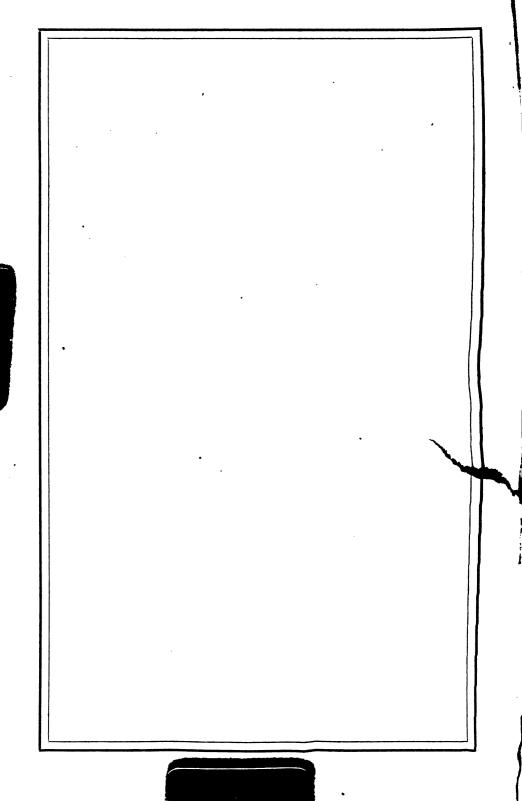
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### Memphis Medical Monthly

Tri-State Medical Association of Mississippi, Arkansas and Tennessee, West Tennessee Medical and Surgical Association, ...



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# HYPO-PHOS-PHITES

----(SYR: HYPOPHOS: COMP: FELLOWS.)-----

Contains THE ESSENTIAL ELEMENTS to the Animal Organization—Potash and Lime;

The OXYDIZING AGENTS—Iron and Manganese;

The TONICS—Quinine and Strychnine;

And the VITALIZING CONSTITUENT-Phosphorus,

Combined in the form of a Syrup, with slight alkaline reaction.

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive Qualities, whereby the various organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

ITS ACTION IS PROMPT, stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIBED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of mental and nervous affections.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

### Prepared by JAMES I. FELLOWS, Chemist, 48 VESEY STREET, NEW YORK.

Circulars sent to Physicians on application. For sale by all druggists. In corresponding with Advertisers, please mention the Monthly.

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## GARDNER'S SYRUP OF HYDRIODIC ACID

### INTRODUCED IN 1878.

The reputation which Hydriodic Acid has attained during the past ten years was won by this preparation. Numerous imitations, prepared differently, and weaker in Iodine, are offered, from the use of which the same therapeutic effects cannot be obtained. In ordering or prescribing, therefore, please specify "GARDNER'S," if the results which have given this preparation its reputation are desired.

Caution.—Use no Syrup of Hydriodic Acid which has turned RED. This shows decomposition and free Iodine. In this state it acts as an irritant, and

fails to produce desirable results.

Therapeutic Indications.—Hay Fever; Rose Cold; Poisoning by Lead, Mercury or Arsenic; Acute and Chronic Rheumatism; Asthma; Chronic Bronchitis; Catarrh; Congestion of Lungs in children; Adenitis; Eczema; Lupus; Chronic Malarial Poisoning; Lumbago; Acute Pneumonia; Psoriasis; Scrofulous Diseases; Goitre; Enlarged Glands; Cold Abscesses; Indolent Sores; Excessive Fat; Fatty Degeneration of the Heart; to absorb non-malignant Tumors; and in the last stages of Syphilis; Syphilitic Phthisis.

Details of treatment, contained in the writer's third, fourth and sixth editions,

will be forwarded to any physician free of expense upon notification.

### GARDNER'S CHEMICALLY PURE SYRUPS OF HYPOPHOSPHITES

Embracing the separate Syrups of Lime, of Soda, of Iron, of Potassa, of Manganese, and an Elixir of the Quinia Salt; enabling Physicians to accurately follow Dr. Churchill's methods, by which thousands of authenticated cases of Phthisis have been cured. The only Salts, however, used by Churchill in Phthisis are those of Lime, of Soda, and of Quinia, and always separately, according to indications, never combined.

The reason for the use of single Salts is because of antagonistic action of the different bases, injurious and pathological action of Iron, Potassa, Manganese,

etc., in this disease.

These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by Dr. Churchill, who was the first to apply these remedies in medical practice. Modified doses are also required in this disease; seven grains during twenty-four hours being the maximum dose in cases of Phthisis, because of increased susceptibility of the patient to their action, the danger of producing toxic symptoms (as hemorrhage, rapid softening of tubercular deposit, etc..) and the necessity that time be allowed the various functions to recuperate, simultaneously, over-stimulation by pushing the remedy, resulting in crises and disaster.

A pamphlet of sixty-four pages, devoted to a full explanation of these details and others, such as contra-indicated remedies, indications for the use of each hypophosphite, reasons for the use of absolutely PURE Salts, protected in Syrup from oxidation, etc., mailed to Physicians without charge upon application to

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### SUCCUS ALTERANS

(MoDADE.)

- Succus Alterans is a purely vegetable compound of the preserved juices of Stillingia Sylvatica, Lappa Minor, Phytolacca Decandra, Smilax Sarsaparilla, and Xanthoxylum Carolinianum, as collected by Dr. Geo. W. McDade exclusively for Eli Lilly & Co., and endorsed by Dr. J. Marion Sims.
- Succus Alterans continues to gain favor from its remarkable Alterative and Tonic properties, eliminating specific poison from the blood and increasing the proportion of red corpuscles in anomic patients to a wonderful degree; is endorsed by the medical profession and in use by many hospitals of note.

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- Succus Alterans in venereal and cutaneous diseases is fast supplanting Mercury, the Iodides and Arsenic; and is a certain remedy for Mercurialization, Iodism and the dreadful effects often following the use of Arsenic in skin diseases.
- Succus Alterans— is also strongly recommended for its Tonic and Alterative effects in the many forms of scrofulous disease, and in all cases where anæmia is a factor. Such patients rapidly develop a good appetite, sleep soundly and gain flesh rapidly. Many cases are on record where patients increase ten to twenty-five pounds in weight in a few weeks.
- Succus Alterans is giving satisfactory results in treatment of Chronic Rheumatism, and can be used with confidence.
- Succus Alterans may be given for any length of time, without injury to the patient.
- Succus Alterans is put up in pint round amber bottles, and never in bulk. Price, \$2.00 per bottle.
- Send for copy of our Hand-book of Pharmacy and Therapeutics. Useful for reference and contains much valuable information.

### PIL. APHRODISIACA

(T.TT.T.V.)

Phosphorus and Nux Vomica, as is well known to the profession, act as powerful tonics to the nervous system, especially the spinal cord, and can be relied upon as possessing real aphrodisiac power. The Damiana used is the genuine Turnera Aphrodisiaca. By our process for the manufacture of Phosphorus Pills, a thorough subdivision of phosphorus in the mass is obtained, and, with a coating perfectly protecting it from oxidation, there is nothing to be desired. It is necessary that the administration of this pill be continued from three to four weeks, or until the system is thoroughly under the influence of the remedy. It is indicated in mental overwork, sexual debility, impotency. It is decidedly ben-ficial in cases of nocturnal emissions, the result of excesses, mental apathy, or indifference, and in an enfeebled condition of the general system, with weakness or dull pain in the lumbo-sacral region. In diseases of the reproductive organs of the female, and especially of the uterus, it is one of our most valuable agents, acting as a uterine tonic, and gradually removing abnormal conditions, while at the same time, it imparts tone and vigor; hence, it is of value in Leucorrhoea, Amenorrhoea, Dysmenorrhoea, and to remove the tendency to repeated miscarriages.

One Hundred Mailed on Receipt of \$1.00.

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SUPPLIED BY ALL DRUGGISTS.

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### Nerve-Counterfeits of Uterine Disease.

Dr. Wm. Goodell, the well-known Professor of Gynecology, University of Pennsylvania, Philadelphia, says:

"The symptoms of nerve-prostration so greatly resemble those of even coarse uterine lesions that the nerve-mimicries can very readily be mistaken for signals of actual organic disease. Nor, indeed, are they always distinguishable the one from the other, for the marvelous kinship between mind and matter is a tangled skein, not yet unraveled by deadhouse or by laboratory.

"What, then, are these symptoms? Their name is legion, but the most common ones are, strangely enough, those which lay and professional tradition, with singular consent, have labeled as the symptoms par excellence of womb disease. They are, in the order of their frequency, great weariness, more or less of nervousness and of wakefulness; inability to walk any distance, and a bearing-down feeling; headache, napeache and backache; cold feet; an irritable bladder, spinal tenderness and pain in one ovary, usually the left, or in both ovaries. The sense of exhaustion is a remarkable one; the woman is always tired; she passes the day tired, she goes to bed tired. and she wakes up tired, often, indeed more tired than when she fell asleep. She sighs a great deal, and her arms'and legs tremble, or 'fall asleep' so frequently that she fears palsy or paralysis.

"Other symptoms not quite so common are the cerebral ones, such as low spirits, bad dreams, nightmares and night-terrors; explosive sounds in the head, a loss of memory, such thoughts, the fear of impending insanity, the dread of being left alone, or of being in a crowd.

"From a large experience I humbly offer to the reader the following watchwords as broad helps to diagnosis:

"Firstly. Always bear in mind what another has pithily said, that 'woman has some organs outside of the pelvis."

"Secondly. Each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

"Thirdly. Scant or delayed or suppressed menstruation is far more frequently the result of nerve-exhaustion than of uterine disease.

"Fourthly. Anteflection per se is not a pathological condition. It is so when associated with sterility or with painful menstruation, and only then does it need treatment.

"Fifthly. An irritable bladder is more often a nerve symptom than a uterine one.

"Sixthly. In a large number of cases of supposed or actual uterine disease which display marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and it must be treated so.

"Seventhly. Almost every-supposed uterine case, characterized by excess of sensibility and by scantiness of will-power, is essentially a neurosis.

"Eighthly. In the vast majority of cases in which the woman takes to her bed and stays there indefinitely, from some supposed uterine lesion, she is bed-ridden from her brain and not from her womb. I will go further, and assert that this will be the rule even when the womb itself is displaced, or it is disported by a disease or by a lesion that is not in itself exacting or dangerous to life.

"Finally. Uterine symptoms are not always present in cases of uterine disease. Nor when present, and even urgent, do they necessarily come from uterine disease, for they may be merely nerve-counterfeits of uterine disease."

The best remedial agent for the above nerve troubles, so well described by Prof. Goodell, is that well known remedy, CELERINA (Rio), in teaspoonful doses thrice daily. Where uterine disease is also suspected, the best prescription, as largely attested by the profession, is

R Celerina (Rio)..... 4 ounces. Aletris Cordial (Rio)....4 ounces.

M. Sig.: Teaspoonful four times a day.

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### PERMANENT PEPSIN.

## The Inseparable Standards of Value are Permanency and Activity

When a physician prescribes Pepsin, and his patient finds that it "sticks to the paper," that it forms a gummy mass "in powders," he may rely upon it that Fairchild's Pepsin has not been dispensed; if he has ordered "Fairchild's" this behavior is positive evidence that he and his patient have been the victims of "substitution."

Pepsins which are hygroscopic, which do undergo upon exposure to air the changes characteristic of peptone, are offered (in the form of scales and in powder) with pretensions to permanent quality.

If a product is sought of well-proven permanency and of highest standard of activity, Fairchild's Pepsin is the one which will never give cause for complaint.

"Fairchild's" was the original "Scale Pepsin;" the first positively "free from starch, sugar, acid, peptones or any added substance." The host of imitations of "Scale Pepsin" bear witness to the value and reputation of the original.

### FAIRCHILD BROS. & FOSTER,

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## HYDROLEINE.

#### Produces rapid increase in Fiesh and Strength.

FORMULA.-Each Dose contains:

Recommended and Prescribed by EMINENT PHYSICIANS Everywhere. It is pleasant to the Taste and acceptable to the most delicate Stomach.

### IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated OII) is not a simple alkaline emulsion of oleum morrhuæ, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

Lautenbach's Researches on the functions of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus and purulent matters into the general circulation,

In Wasting Diseases the most prominent symptom is *emactation*, the result of starvation of the fatty tissues of the body as well as the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of *Hydroletne*, which may be discontinued when the usual average weight has been permanently regained.

The following are some of the diseases in which HYDROLEINE is indicated ?

## Phthisis, Tuberculosis, Bronchitis, Catarrh, Cough, Scrofula, Chlorosis, General Debility, etc.

To Brain Workers of all classes. Hydroletne is invaluable, supplying as it does, the true, brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H C. Bartlett, Ph D, F C. S, and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. Overrend Drewry, M. D

OPIES OF THESE WORKS SENT FREE ON APPLICATION.

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### C. N. CRITTENTON,

SOLE AGENT FOR THE UNITED STATES.

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A Sample of Hydroleine will be sent free upon application, to any physician (enclosing business card) in the U.S.

### EXCERPTS.

PHENACETINE.—DR. DUJARDIN-BEAUMETZ, Paris.—"It is above all as an analgesic that Phenacetine outrivals its predecessors. While it is quite as powerful as antipyrin and acetanilid, it does not cause the pain in the stomach, or the scarlatinaform rash of the former; nor does it give rise to the cyanosis of the latter. However prolonged may be its administration—and we have given it for months in doses of 1.0 to 20 Gm. (15 to 30 grains) per day—we have never observed any bad effect. We have used it for the relief of every form of pain (neuralgia, migraine, rheumatic pains, muscular rheumatism, acute articular rheumatism, lightning pains of tabes, etc.), and always with the best results."

M. F. PRICE, M.D., President Southern California Medical Society.— 'A patient says, 'I have headache,' and I order Phenacetine with confidence, and always with a report of relief."

THOS. W. AYRES, M.D., Jacksonville, Ala.—As an antipyretic I have had nothing but the very best results from its use. As an antineuralgic there is no question, but it is superior to antipyrin. It is much more energetic in its action than either antipyrin or antifebrin."

**SULFONAL.**—HUNTER McGuire, M.D., Richmond, Va.—"Has found it particularly valuable in insomnia following the use of alcohol."

HENRY M. WETHERILL, JR., M D., PH.G., Philadelphia.—"The almost universal report of Sulfonal is that it has little or no effect upon the vast majority of insomnous subjects save the important one of increasing, prolonging the natural tendency to sleep; that its action is not narcotic but purely hypnotic."

W. H. FLINT, M.D., New York. (Discussion before N. Y. State Medical Association.)— 'He had used Sulfonal as being the most efficient or desirable of the new hypnotics. He had not yet seen a Sulfonal habit. There had been about eighty per cent. of successes in his cases."

JAMES STEWART, M.D., Montreal.—"Sulfonal produces no disagreeable secondary symptoms nor any unfavorable effects on the heart or circulation. Its action was by giving rest to the cells of the cerebral cortex and thereby causing sleep."

Sulfonal-Bayer has been before the Medical profession for some time, receiving its unqualified endorsement, but the use has been limited in many cases, owing to the hesitation of the practitioner in recommending so costly a remedy.

A substantial reduction in price having been made, it enables physicians to freely prescribe it whenever indicated, and brings it within the reach of all classes of patients."

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### Thateless Syrup of Amorphous Quinine.

### FOR INFANIN AND CHILDREN.

Minist Transposition of the section of the section of the section of the section CHILDRES TAKE IT AND NEVER KNOW IT IS MEDICINE.

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## A PHOSPHORIZED CEREBRO-SPINANT

(FRELIGH'S TONIC).

#### FORMULA

Ten minims of the tonic contain the equivalents (according to the formulæ of the U. S. P. and Dispensatory) of

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Tinc.	Nux Strychnos,			-		-		-		-		-	1	minim.
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**	Phosphorus, C.	Ρ.		-		-		-				-	I a	oo gr.
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Dose: 5 to 10 drops in 2 tablespoonfuls of water.

#### INDICATIONS.

Paralysis, Neurasthenia, Sick and Nervous Headache, Dyspepsia, Epilepsy, Locomotor-Ataxia, Insomnia, Debility of Old Age, and in the treatment of Mental and Nervous Diseases.

One of the most widely known physicians in the country, residing in Washington, says:

"The elegance of the formula, the small dose required and its potency go far to recommend the Tonic to the profession in that large class of neuroses so common among brain workers in this country."

A well known physician of Chicago, in practice since 1850, says:

"It will be a revelation to most physicians. I have found it peculiarly adapted to the mentally overworked Public School teachers, as well as to the worn out business man."

A Philadelphia physician says:

"Your Tonic is a noble remedy. Some of my patients call it "The Elixir of Life." In Atonic Dyspepsia, and as an aphrodisiac it cannot be excelled."

A Baltimore physician, whose Diploma dates from 1825, says:

"Your combination I find vastly more effective than any tonic I have ever used. It furnishes a most powerful evidence of the vastly increased power of medicament by combination and judicious pharmaceutic preparation."

While an Ohio physician says:

"I have been in the profession since 1841, and must frankly say have never been much inclined to run after strange gods, but this new manipulation and combination pleases me."

The above and many similar letters from the profession can be examined at our office. Over 13,000 physicians in New England and the eastern Middle States are prescribing the Tonic regularly.

Price One Dollar per Bottle, containing 100 of the average 5-drop doses.

Physician's single sample delivered, charges prepaid, on application. That every physician may be his own judge of its value, irrespective of the opinions of others, we make the following

### SPECIAL OFFER:

We will send to any physician, delivered, charges prepaid, on receipt of 25 cents, and his card or letter head, half a dozen physicians' samples, sufficient to test it on as many cases for a week to ten days each.

a week to ten days each.

The Tonic is kept in stock regularly by all the leading wholesale druggists of the country.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price lists, etc., address

### I. O. WOODRUFF & CO.,

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### Tasteless Syrup of Amorphous Quinine.

#### FOR INFANTS AND CHILDREN.

Each Teaspoonful is equal to 2 Grains of Sulphate of Quinine.

#### CHILDREN TAKE IT AND NEVER KNOW IT IS MEDICINE.

NEVER PRODUCES SICK STOMACH, and always produces the same result as the bitter Quinine. In the manufacture of Quinine there is left, after crystalizing the Quinine, a dark colored substance known as Amorphous Quinine. We have, by purifying this Amorphous Quinine, obtained a pure alkaloid, the active principle of the Amorphous Quinine, which we have rendered tasteless, and which is equal to Sulphate of Quinine in every respect. It is tasteless because it is insoluble in the mouth, but dissolves readily in the acids of the stomach We use no Tannin, and no Yerba Santa, which contains a large per cent. of Tannin.

Physicians can make Tasteless Tonics for Children and Ladies by combining with the Febriline Iron by Hydrogen, Carbonate of Iron, or Iodide of Potash.

Nashville, Tenn., Oct. 29, '85.

We have tried "Lyon's Tasteless Preparation of Quinine," and take pleasure in a reall the state of the of Quinine," and take pleasure in saying they are all that is claimed for them, and as palatable as sugar.

DUNCAN EVE, M. D.

CHAS. C. THOMPSON, M. D.

Vernon, Ind., Jan. 25, '88. Gentlemen:—I have tried Tasteless Quinine with splendid results. It can be taken by childwith spiendid results. It can be taken by children readily, and will produce the same result as the Quinine Sulph. I shall continue to use it, especially among children, and can heartily recommend it to any one desiring a palatable and reliable preparation of this drug.

W. H. STEMM, M. D.

Hickory Valley, Ark., Jan. 27, 1888.

Dear Sirs:—Received samples of your Tasteless Quinine Preparations. Found them satisfactory. Am using them in all cases of children requiring quinine.

E. F. BEVENS.

Aledo, Parker County, Tex., Jan. 25, '88. Dear Sirs:—I have used the Tasteless Syrup of Quinine sent me, and am highly pleased with it. Children and infants take it without any trouble, and it is as effective as the Sulphate of Quinine in controlling malaria.

O. MORSE, M. D.

Air Mount, Miss, Jan. 28, '88.
Paris Medicine Co., Paris, Tenn.

Paris Medicine Co., Paris, Tenn.
Gents:—Your preparation of Lyon's Tasteless
Quinine was received. I was highly pleased
with the use of it. It is the only preparation of
Tasteless Quinine that I find entirely satisfactory. I deem it invaluable for infants and children, and it is as efficient in its action in every way as the Sulphate.

A. LOUIS JACKSON, M.D.

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Paris Medicine Co.

I received your sample of T. S. of Quinine and find it an elegant preparation. I was able to produce the full effects of quinine and at the same time had no trouble to administer it to children who generally are averse to taking it in the usual form.

L. KEMP, M.D.

Big Gully, Blount Co., Tenn., Jan. 27, '88.

Dear Sirs:—I have formed a favorable opinion of the clinical value of your Tasteless Quinine Preparations, and find it a stable, elegant and permanent preparation, and one readily taken by patients, both old and young; and its price is not prohibitory.

T. W. ROBBINS, M.D.

Jeffersontown, Ky., Jan. 23, '88.

Sirs:—I used your Tasteless Quinne and find it all that is claimed for it. Children take it as readily as if it was simple syrup, and its effect is just as satisfactory as the quinine itself. I will use it always for children and sensitive stomachs of adults.

S. N. MARSHALL, M.D.

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Have found it a perfect success, especially in administering to children. My druggist ordered a supply from Messrs. Meyer Bros. & Co., St. Louis. R. M. WILSON, M.D.

Dennis, Ky., Jan. 25, '88.

Paris Medicine Co.
Gentlemen: - I have administered your Tasteless Syrup of Quinine, and with children it more than gives satisfaction. It is the sine qua non for children, and I shall take great pleasure in recommending it to the attention of our druggist and the public generally. and the public generally
J. R. McCLELLAN, M.D.

-MANUFACTURED BY-

### Paris Medicine Company,

DRUGGISTS AND CHEMISTS. PARIS, TENNESSEE.

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This is a home enterprise, and we hope you will test them and see if the goods are worthy of your patronage. It is only through PHYSICIANS that we expect to introduce them.

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### ELECTRO-THERAPEUTICS.

This page will be occupied in future by Drs. Heber and Kennedy Jones.

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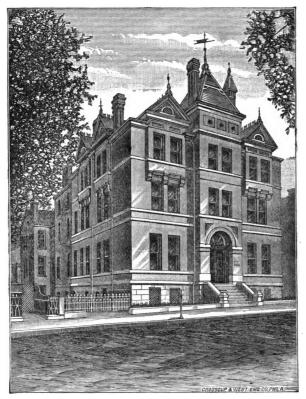
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Avoid.—Starchy and saccharine food; all malt liquors, wines and coffee.

## MEMPHIS MEDICAL: MONTHLY.

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No. 2

### Original Communications.

### FOREIGN BODIES IN THE AIR-PASSAGES, With Report of Five Cases.

H. W. TATE, M.D., BOLIVAR, TENN.

The inhalation of foreign bodies into the air-passages is not of frequent occurrence; it is really wonderful that the accident does not happen oftener, as anything small enough to enter the glottis, may, while held in the mouth, or being carelessly masticated, be carried in the current of air into the windpipe, by a sudden inspiration, stopping in the larynx, or passing down in the trachea, even down into the bronchial tubes, and small ramifications. Seeds of all kinds, from a mustard seed to a grain of corn, bones, insects, food of all kinds, and even the doctor's pills and tablets triturates, given to relieve suffering humanity, may take the wrong route, and produce great suffering, if not fatal asphyxia, by being drawn into the trachea by an inspiration at an unfortunate moment. No accident is more distressing or heartrending, than the inhalation of a foreign substance in the air-passages. To see a little innocent child, enjoying with its little friends a watermelon, chatting and laughing, or eating chestnuts with that fondness only a child has for such things, or munching on some grains of corn, suddenly take a deep inspiration, the foreign body enters the glottis. The poor little unfortunate throws its hands up to the throat as if to remove the substance,

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or with outstretched hands, implores aid from its companions, or tries to rush to its mother, conscious of threatened suffocation, having upon the countenance an alarmed, anxious, and affectionately beseeching expression, the voice is changed, lips soon become purple, face livid, and every symptom indicating insufficient aeration, feeling of intense suffocation, with great difficulty of breathing, and violent fits of spasmodic Sometimes vomiting takes place and during the coughing. paroxysm the foreign body is expelled, the child soon made happy again, then again death may suddenly ensue from spasm of the glottis, or, after the paroxysm the grave symptoms Then a deceptive period of comfort or gradually subside. partial relief is experienced, only to be renewed and intensified by sudden movements of the child, or renewal of cough-The substance may pass up and down with the air in inspiration and expiration, or become temporarily or permanently lodged in the laryngeal ventricles or bronchial ramifications. The following five cases have come under my observation:

Case I. Little girl of Mr. M., two years old, residing about ten miles from Bolivar, while eating a piece of watermelon inhaled a seed into the trachea, which caused all the symptoms of suffocation. Dr. T. E. Moore and myself were sent for. In a few moments after we entered the house, the seed passed up the trachea to the larynx, which caused spasm of the glottis. Tracheotomy was hurriedly performed; in a few minutes the seed was expelled through the artificial opening. Child soon recovered. Seed had remained in the trachea about fifteen hours.

Case II. Daughter of Mr. C., about three years old, twelve miles from town, inhaled while eating chestnuts several pieces of the nut. Dr. Mackey had charge of the case. When we entered the house the little sufferer was gasping for breath, and in a few minutes ceased breathing. Tracheotomy was performed, but resuscitation was impossible, life was extinct; possibly if the operation could have been performed sooner the child's life might have been saved. The accident occurred about twenty-four hours previous.

Case III. Negro child, male, two and one-half years old, inhaled a watermelon seed, was treated without an operation, child became emaciated in a short time, and remained in bad health for two years and six months, then with a sudden paroxysm of spasmodic coughing, the seed was expelled. The little fellow improved rapidly and is now in good health.

Case IV. Child of Dr. C., female, age three years, inhaled a melon seed. Symptoms of suffocation were urgent for a while, the usual remedies were used, vomiting, inversion, etc., without avail, parents were not willing to have the operation of tracheotomy performed. The child soon got in bad health, and continued so until six months after the accident; while playing with her sister fell down and expelled the seed by an involuntary forcible expiration. She soon regained her health.

Case V. Stout, healthy boy of Mr. McK., three years old, while chewing corn, inhaled a large grain into the trachea. All the symptoms of foreign bodies in the air-passages were soon developed. Parents resided about eight miles from Boli-Dr. J. J. Neely, Jr., and myself were sent for. When we arrived there was a deceptive period of partial relief and comfort, though the little fellow breathed audibly, and with some difficulty. The parents wished the operation deferred until the last moment. They were instructed to bring the child to town, so relief could be had at any time. In a few days they did so. After five days from the accident, assisted by Drs. J. J. Neely, Sr. and Jr., and T. E. Moore, tracheotomy was performed, and a large grain of corn was extracted immediately, without difficulty. The child was almost in a moribund condition when the operation was completed, but soon recovered without another bad symptom.

The operation of tracheotomy is considered a serious one by all the surgical works I have consulted, except Erichsen, who speaks of it as "the simple operation of tracheotomy." I would advise my young professional brothers not to take that view of it, for from my limited experience, I consider it a serious and rather a difficult operation, and if there are no extremely urgent symptoms, to arrest all hemorrhage before opening the trachea, for it is a little embarrassing, and attended with danger for considerable blood to flow into the windpipe,

though if the urgency demands prompt action, relieve the sufferer as soon as practicable. If called to see a case and the parents will not consent to the operation, give an emetic if symptoms of suffocation are great, depress the tongue with anything at hand, or catch hold of it and pull it forward at the same time. I would also suggest the application of a solution of cocaine to the glottis; the sensibility of the parts may possibly be overcome, and the foreign body thereby expelled. The use of sternutatories after the cocaine application may be of service.

I don't think inverting the body accomplishes anything, but adds to the distress of the patient. Cases frequently recover if left to nature, as cases number three and four.

#### SOME HINTS ON DIPHTHERIA.

BY J. A. CRISLER (MEDICAL STUDENT)

In Opening the Discussion before the Memphis Hospital Medical College
Association.

Mr. President and Gentlemen—In entering upon the discussion of diphtheria, I am fully conscious of the vastness of the subject together with the importance it bears to us relative to the practice of medicine. I am also aware of the fact that the subject is one that is extremely intricate to say the least; and I can not, if I were able, cover much of it in this limited discussion. I hope this evening, however, to throw out a few hints here and there, upon some of the most important points that bear relations to the etiology and pathology, as well as the treatment, as suggested by some of the latest researches.

Among the opinions reached by the more recent observers, those of Loeffler seem to have met the approval of many workers in this department of the disease. It seems that his ideas come nearer expressing the conclusion of the majority than those of any other. They are as follows: that bacteria are found in diphtheritic exudate, that they are more profuse on the surface, and exist in patches, and diminish in frequency as you go inward from the periphery of the inflammation, yet are sparingly present throughout the entire zone of inflam-

mation and the surrounding lymphatics. The many species of the micrococci exist in each portion of the exudate, but their isolation has not as yet been effected, therefore the true materes morbi has not been determined. He further says that there is an identity between those found on the pseudomembrane in the larynx and other mucous surfaces, which makes it very probable that they are not the specific germs.

Loeffler observed another organism which was previously demonstrated by Klebs in 1883 which is worthy of consideration. It is a motionless bacillus, not entirely straight, which is about the length of the tubercle bacillus, and twice its thickness.

This organism is not found in blood, lymphatics, or any of the internal viscera, yet 'tis abundant in pseudo-membranes. The question then arose, how could this organism set up general systemic infection when it only appeared on the exudate? Well, the question was probably answered this way: by its poisonous action on the surface it set up an inflammation with escape of lymph into the surrounding tissue, and necrosis, whereas these products entered the system by absorption and produced a general infection. Now this theory was a pretty one so far as it went, gentlemen, but upon a more thorough examination it was found that in some unmistakable cases of diphtheria the bacillus was absent; he suggested that the bacillus might have died and been eliminated previous to the death of the patient, which is in my feeble opinion not improbable.

Among the many observers and co-workers who appreciated the labors of Loeffler, the name of Cheyne stands out prominently, who thinks that the bacillus probably is the cause of diphtheria, firstly, by finding a favorable soil for its development on the mucous surface. Secondly, it imbeds itself slightly into the underlying surface, causing this pseudomembrane, which consists of fibrinous material and dead epithelial cells. He further thinks it probable that the bacillus produces very poisonous ptomaines, which enter the blood and produce systemic infection.

That this is the case, and that these bacilli are the causative agents, is rendered probable when so many high author-

ities agree with Cheyne, and we plainly see that there is no essential difference in his ideas and Loeffler's. Gentlemen on the other hand many dispute all this, and claim good grounds for so doing. From these facts, gentlemen, we can see plainly that it is indeed a mooted question. Whether diphtheria is primarily a local disease with constitutional manifestations or vice versa, we must say that it is extremely obscure and is still sub judice.

In glancing at the etiology, I have necessarily trespassed upon the pathology, as they are intimately blended one with another. Together with the changes that I have given in the area of inflammation, such as the necroses of tissue, it will be well to insert that there is claimed to be a greater amount of emigrated white blood corpuscles in the diphtheritic exudate than in croupous inflammation, and that this causes the masses to be more solid. The patches however are of variable thickness, and are formed by successive layers from underneath. In removing the membrane, which is usually difficult to do, a raw bleeding surface is exposed, which is soon covered with fresh deposits. The lungs become ædematous in consequence of all sorts of inflammatory changes, and are sometimes studded with ecchymoses and infarctions. The lymphatics of the neck become large and doughy but do not suppurate. The heart becomes soft from a species of degeneration in its muscular fibres. The kidneys undergo important changes in severe attacks, also the blood becomes altered, being black and fluid. These, gentlemen, comprise the most important points in the pathology, in my opinion.

For the diagnosis of this trouble, which is by no means an easy or trifling matter, I will refer you to the writings of A. Jacobi and others, as it is too voluminous to insert in this paper. However, I will give you a few points set forth by some of the writers. Those that I will first read are presented by M. J. Simon of the Hospital des Enfants Malades of Paris as means of differential diagnosis of the diphtheritic membrane from other white products appearing on the fauces. The resume is given as follows: (1) The diphtheritic membrane: deeply set and surrounded by mucous membrane, having fibrinous prolongations into the tissues underneath, often

accompanied by engorgement of the submaxillary glands. (2) Pultaceous products, that is to say, epithelial elements mixed with mucous secretions. (3) Herpetic products, exuded products from herpetic vessels, in tonsillitis, from taking cold, raised, whitish, unequal, dissolving in water, lying upon, and not penetrating the mucous membranes. (4) Products resulting from cauterization with nitrate of silver, of syphilitic or other eruptions. (5) Milk spots on the tonsils of small children, which are caseous concretions deposited from feeding. (6) Confluent mugult produced in certain low forms of diseases, covering the tonsils and their vicinity, and appearing within twenty-four hours. The appearance and progress of this product and its lack of cohesion, indicate its nature.

Prof. J. Lewis Smith in his estimable work on the "Diseases of Children," thinks that after the pseudo-membrane has appeared, that the diagnosis is comparatively easy, except from follicular pharyngitis, which resembles diphtheria somewhat in the first stages.

I might enumerate many fine-spun theories as laid down by the authorities, but they are not often seen in practice. Taking all things into consideration, however, with due care and caution, the diagnosis is not impossible, even in the earlier stages.

I omit the prognosis, and as you observe have devoted but little space to the symptoms of the disease.

The treatment of the disease is both preventive and curative. From the Annual of the Universal Medical Sciences, we will cite some of the agents that play the part preventive, and some of the most esteemed remedies curative.

Iodine and the iodides enjoy considerable reputation, as recommended by Dumez, for the prevention of the disease, but the most effective method is, of course, isolation and disinfection of patients and apartments.

As regards the curative, gentlemen, I will call your attention to statistics relating to the treatment by Dr. H. Lunin, viz.: The treatment of fifty-seven patients with bichloride of mercury solution, either by brushing the pharynx every two hours with a solution of one to one thousand, or spraying with a one to five thousand solution. Among the number

forty-three of them had the fibrinous, and fourteen the septic, phlegmonous form of the disease. Thirteen of each class, or forty-five per cent. of the whole number, died.

Then the perchloride of iron was given in one drop doses every quarter, or in two drop doses every half an hour to ninety-four cases, forty-three of whom had the fibrinous, and fifty-one the septic phlegmonous form. The total mortality was 56<sup>3</sup> per cent. Dr. Lunin also made use of chinoline, resorcine, and bromine, with various degrees of success, as can be seen by referring to his valuable statistics which were compiled from accurate tests, close study, and ample clinical experience.

I present to you last, but by no means least, turpentine, which was given to twenty-three infants as follows: Ten drops every two hours, and a teaspoonful twice daily. The duration of the treatment was from one to ten days. The percentage of deaths was  $43\frac{1}{10}$  per cent.

By reference to these statistics it will be found that the tineture of the chloride of iron was the most satisfactory remedial agent in the septic phlegmonous, while turpentine was the most useful in the fibrinous forms of the disease. From the "Annual" we also find that (1) treatment of diphtheria by fumigations, in which turpentine plays an important part, has gained considerable favor, the mixture as proposed by Delthil being the most frequently used, which is composed of the following ingredients, viz.: Two pounds coal tar, three ounces turpentine, two drams of resin of benzoin, and three and a half ounces of oil of cajiput, or a mixture of coal tar and turpentine alone, constantly burned in the sick room. These vapors are tolerated by the patient; do not cause vomiting, and exert a most favorable influence on the inflamed surfaces. Dr. Schenker treated thirty-six cases by a slight modification of Delthil's mixture with recovery of thirty-one. (2) That Rose of Hamburg treated fifty-eight cases of diphtheria with turpentine with a recovery of ninety-five per cent. gave the turpentine in teaspoonful doses, mixed with spirits of ether, three times a day. A teaspoonful of a two per cent. solution of salicylate of sodium was also given every two In cases of weak heart he used turpentine cautiously. Under the influence of this treatment there was a fall of temperature and pulse rate, together with a mitigation of other symptoms, and a shortening of the sickness. (3) That many physicians of sound judgment, such as Dr. Sigel, Dr. Llewellen Elliot, Prof. Massei, A. Jacobi, and others of equal rank, believe this agent to be of indisputable value, as proven by their clinical experience, so that it is now regarded as one of the most, if not the most, important remedy.

Just here, gentlemen, I wish to call your attention to the fact that few writers, if any, have ever reported any ill effects from the use of turpentine in the above large doses. The drug is supposed to be efficient, upon the ground that it is antiseptic, germicidal and penetrative. (4) That the old remedy—tincture of the chloride of iron in large doses—is regarded by Drs. Ferguson, Whittier, Baruch, and Jules Simon, as a most valuable agent in the treatment of the disease.

Prof. Winters, who has given it to a child eight years old in two dram doses every half hour with manifest benefit, regards it also as a valuable agent; however, 'tis only the most malignant form of diphtheria that requires such large doses of the iron. (5) That many other remedies, such as calomel, permanganate of potassium, bromine, hydragyrum bichloride, and cyanide of mercury, which deserves special mention, and all manner of "solvents," such as pepsin, trypsin, pancreatine, ingluvin, and numerous styptic agents, have been and are used with varying degrees of success. From these facts it is plain that whatever may be the cause of the disease, that the treatment, as practiced by the majority, resolves itself into both local and constitutional.

#### PLACENTA PRÆVIA CENTRALIS.

Read before the Gibson County (Tenn.) Medical Society,
BY M. D. L. JORDAN, M.D., MILAN, TENN.

On 27th of August, 1889, I was called to see Mrs. T., aged forty-four years, multipara. On arrival I was informed, that, while sweeping the floor of her room, she was suddenly taken with a severe flooding, without any pain. She told me that she was about the seventh month of gestation. On making

examination per vaginum, it was with difficulty the os could be felt, but could not insert finger half an inch, could not therefore make out the diagnosis of position of placenta.

Absolute rest in bed with opium was ordered; this checked the hemorrhage almost entirely.

On the evening of the 29th, the hemorrhage returned. And on examination per vaginum, the placenta could be distinctly felt completely occluding the os.

Believing the only safety for the woman was a termination of her pregnancy, I at once proceeded to plug the vagina with the kite-tail cotton tampon. Hemorrhage was at once arrested.

At 1 A.M. 31st, was sent for with the information that she was again bleeding. On my arrival I found my patient in great trepidation and alarm, had requested her children to be sent for, as she was going to die. A slight oozing of blood was felt, and an unpleasant odor from tampon; it was removed. I now determined to turn and deliver the child, finding the os dilated to size of a twenty-five cent piece. On introducing the whole hand into the vagina, the placenta was found partially detached on the right side of os to about two inches, and was the point from which the hemorrhage came. The placenta was not so thick, nor as far over on the right side as on the left. Dilating the os, and pushing my fingers between uterus and placenta upward into cavity of uterus, a foot, which proved to be the left, was felt, and rupturing the bag of water it was seized and brought down into vagina, and just outside the vulva. Considerable blood was lost during this procedure.

Leaving the child with its hips in os uteri, a dram of fluid ext. ergot was given every twenty minutes until three doses were taken. After waiting until 3 A.M., and no pains, only slight hardening of uterus felt, with hand on abdomen, I thought it best to finish the delivery and thereby save the child; slight traction was then made with the foot, at the same time pressure was made on the uterus. In the course of forty-five minutes the child was born. The uterus was now seized with the hand, and firm pressure made to induce contractions, which, with moderate traction on the cord, expelled the placentæ, followed by a great flow of blood; the patient complaining of smothering, and demanded the fan used constantly;

she was sinking rapidly, and was almost pulseless. A bandage was tightly drawn around abdomen, and with cotton dipped in equal parts of vinegar and water and made into pledgets the size of English walnuts, the vagina was well tamponed. This checked the hemorrhage. The estimated loss of blood was at least half a gallon.

On the morning of September 1st, 8 A.M., the tampon was removed, fearing sepsis. No hemorrhage. The vagina was washed with hot sublimate solution 1-5000, and four ounces sweet milk ordered to be given every two or three hours.

Under this treatment the patient made a rapid recovery. Child died before delivery.

### COCKLE BUR IN THE RIGHT BRONCHIAL TUBE For Twenty-two Months, then Expectorated.

W. A. MEWBORN, M.D., MACON, TENN.

In October, 1880, a negro boy, æt. fifteen, J. B. by name, with hurried breathing and open mouth, was tracing a companion among the weeds, when at this instant several cockle burs were thrown into the air by a weed over which his companion had run. One of these burs was drawn into the patient's air passages by a forcible inspiration.

There followed spells of coughing, with some blood expectorated, and pain in the chest. This new turn and state of affairs continued. A physician was consulted, but relief, other than surgical and nature's efforts, could not have been promised.

Some eighteen months afterward this patient came into my hands, and the above history of the case was elicited. On a physical examination I found a hectic condition, right lung in a state of destruction, night sweats, etc. I prescribed supportive remedies. The case continued pretty much in the same condition until two or three months later during a violent coughing spell, when the bur was expectorated and immediately brought to my office. I found it covered with a muco-purulent substance; was a little below the average size, with two-thirds of its sprigs intact. The patient continued to decline until two months later when death relieved him.

I deem this case an interesting one. Here we had resting in contact with the sensitive lining of the bronchi, which tolerates no foreign body willingly, an oval body with its sharp sprigs pointing in every direction, and very dangerous even under a saddle; yet in spite of this my notes show that this bur remained in the air passages for twenty-two months. Other cases may show larger bodies remaining in the bronchi, but few can show one so uneven in surface and irritating in nature. I was led to make this report by others of similar nature being reported in some of the late journals.

### Correspondence.

#### EXTRACTION OF CATARACT WITHOUT AN IRIDECTOMY.

Editor Memphis Medical Monthly:

It is a doubtful question as to whether the operation for extraction of cataract without an iridectomy gives better vision than where a section of the iris is removed, but the cosmetic effect is better, and in addition the long time necessary for the eye to accustom itself to the rays of light entering it at such a dispersion of angles, is avoided. These two points, I think, make it well worth the operator's careful consideration, between the two methods of operating, "with or without an iridectomy." Of course certain forms of cataract, the soft for instance, and fully ripened, offer better results from the latter method than do the forms of hard cataract, and more particularly so when the iris dilates nicely under the use of cocaine.

On December 29, 1889, Henry Bailey, from Lula, Miss, was brought to me by Messrs. B. and D. of this city for advice in regard to a blindness in his left eye that had developed within the last six months. Upon inspection I found a fully ripened cataract of the soft variety. Under dilatation with atropine the retina gave good perception of light. Patient is twenty-nine years of age. Could find no cause for the formation of the cataract. Gave no history of traumatism, rheumatism, syphilis, nor kidney trouble by a careful examination. I advised, as

the only means of restoring vision in the eye, an extraction of the abnormal lens, to which he readily assented. Monday, December 30th, with the assistance of Drs. Knox and Julius Lipscomb, I cleansed the parts about the eye thoroughly with a bichloride solution, anæsthetized the eye with mur. cocaine, which also fully dilated the iris, and removed the cataract, by Graefe's linear method, without an iridectomy. The soft lens matter came away in toto, leaving the eye perfeetly clear, with immediate vision. The iris contracted nicely, and I immediately closed it with a pad soaked in a bichloride solution, and secured it in place with a roller bandage. surroundings of the patient, from a sanitary point, were as bad as could be, being confined in a dirty boarding-house with no nurse of any experience. This fact, however, doubled my attention. On the third day, when I removed the dressing for the first time, I found the corneal wound healed, and no redness about the eye. At the end of the week, Saturday, I sent the patient home, with instructions to keep a tight bandage over the eye for a few days, and then replace with a shade for a week longer. At no time after the operation was there the slightest pain or evidence of a revertionary trouble in the eye.

At this writing, January 9, 1890, the patient informs me that the eye is well and vision good, and the eye, as far as looks is concerned, as good as the other.

Very respectfully,

J. I. TAYLOR, M.D.

2731/2 Main St., Memphis, Tenn.

### Miscellaneous Selections.

#### Cocaine in the Treatment of Yellow Fever.

James Thorington, M.D., late resident physician and surgeon in charge of the Panama Railroad Company's Hospital at Aspinwall, Isthmus of Panama, writes in the Amer. Jour. of Med. Sciences, of Feb., 1890, as follows:

In an experience of seven years' active practice on the Isthmus of Panama, where cases of yellow fever were constantly under my observation, I have tried many kinds of treatment in yellow fever, such as—

- 1. Quinine, which I found did much more harm than good, except during convalescence.
- .2. Calomel, which did good only at the beginning of an attack, and much injury if used later.
- 3. Castor-oil and orange-tea, as recommended by the physicians in Cuba, did good in some instances.
- 4. The pure juice of the lime with small pieces of cracked ice, as recommended by the physicians in the service of the Panama Canal Company, was found more satisfactory than any of the above methods of treatment.
- 5. Jaborandi and veratum viride, so strongly recommended by Ford (see the Reports of the St. Louis Medical Society, by W. H. Ford, A.M., M.D., 1879), although contra-indicated, I tried faithfully in several cases, but without success. Having used in vain nearly all the drugs recommended in this disease, for a time I banished medicines almost entirely, and found that
- 6. Good nursing, without medicinal treatment, saved some of my patients.

In looking over the notes of my cases, I find that nausea and vomiting (black vomit) and not the suppression of urine, were the cause of death in most of my fatal cases, and I argued that if I could find some means of quieting this nausea—this painful, exhausting attempt to empty the stomach, the possibilities of recovery would be greatly increased. My assistant, Dr. J. E. Jennings, suggested cocaine as an anti-emetic (see "Cocaine as an Anti-emetic in Yellow Fever," by Dr. J. E. Jennings, Medical Record, Nov. 26, 1887), and we tried it faithfully, and since then I have used it in every case, the success attending its administration being most marked and gratifying.

At least fifty per cent. of my yellow fever cases died before I commenced the use of cocaine, but since then I have treated twenty cases (four of which were reported in the above mentioned article by Dr. Jennings) and have had only three deaths, making a death-rate of fifteen per cent., or a difference of thirty-five per cent. in favor of the cocaine. The three patients who died had suppression of urine. There was a marked diminution in the amount of urine passed on the

evening of the fifth day, and violent delirium set in. Everything was done to increase the flow of urine, but the patient succumbed to suppression and death by convulsions. In previous cases similar to this, black vomit appeared in large amount before death, but in this case there was an absence of vomiting due to the action of cocaine.

My friend and colleague, Dr. F. A. Bettelheim, resident physician and surgeon of the Panama Railroad Company, at Panama, to whom the cocaine treatment in yellow fever was recommended, writes me under date of February 5, 1888, as follows:

"Six cases of yellow fever, result two deaths. I congratulate you and Dr. Jennings on the cocaine treatment; it has worked like a charm. The fact is, in three cases I gave nothing else except some enemata of chloral and potassium nitrate, and baths. The febrile reaction was well controlled by the baths and sponging, and in one or two instances enemata of antipyrin were exhibited when the temperature mounted up to 104° Fahr. I feel now that with cocaine exhibited, vomiting is an unknown quantity in yellow fever, and in addition, using the rectum for absorption of other medicaments, etc., we have made a decided move in advance. In all four cases that recovered, the albumin was over 50 per cent. In all the cases, however, the cocaine effectually stopped the vomiting."

When cocaine is used in the treatment of yellow fever, black vomit or vomiting is not a part of the disease, and what now remains to worry the physician is the danger of suppression of urine, but even here I have seen cocaine in some cases act as a diuretic.

When it is considered how depressed and completely exhausted a yellow fever patient becomes after ineffectual efforts to bring up "that lump" from the stomach, one can the more easily realize how much strength, comfort, and perfect relief is given to the patient when this factor of the disease is removed. Before using cocaine in 1887, black vomit occurred in nearly all my cases, but now it never appears when this drug has been used from the start, and rarely does it fail to check the vomiting and put the stomach at rest, even when the case has not been seen until the fifth day.

To avoid failure in the use of this drug, it should not be administered immediately after giving nourishment, as its effect may be carried beyond the stomach, or even rejected if the patient vomits. This result also is very apt to happen if the cocaine is given in pill or tablet; it is therefore always better to give it in solution and when the stomach is empty, especially ten or fifteen minutes before food, as then the stomach is put in a condition to retain nourishment and at the same time the feeling of nausea disappears and the patient takes the milk or broth, or whatever may be offered, with confidence and relish.

It is well to instruct the patient that he must inform the nurse whenever he feels this nausea returning, so that a dose of cocaine may be given at once, even if a dose has been given only fifteen minutes before; the object being to keep the stomach quiet. I have found it necessary to give as high as one-half, two-thirds, and even a grain every half-hour or hour if the vomiting is not checked after the first or second dose of ten minims of a four per cent. solution.

I have never seen any toxic symptoms or bad effects of any kind follow the use of this drug in this disease.

Since making these observations my attention has been called to two articles on cocaine by Professor J. M. Da Costa, entitled "Observations on the Diuretic Influence of Cocaine," published in the *Medical News* of June 19, 1886, and "On the Use of Cocaine as a Heart Tonic and Stimulant in Typhoid and other low forms of Fever," which appeared in the *Philadelphia Medical Times* of February 5, 1887.

That cocaine acts as a diuretic there can be no doubt. Prof. Da Costa's report shows this, and in yellow fever this same action has not only been noted by Dr. Jennings and myself, but also by Dr. Bettelheim, when he says "in all four cases that recovered the albumin was over fifty per cent." It is scarcely necessary for me to state that the greater the amount of albumin in the urine in yellow fever, the more likely the suppression is to take place, and therefore when there is fifty per cent. the prognosis is unfavorable.

But while cocaine does act as a diuretic, and very beneficially so in this fever, yet I regret to say in this particular it has not always acted as well as I should have liked. Therefore while I have noted the diuretic action of cocaine in this

disease and urge its use for this purpose, yet I cannot recommend it so strongly and with as much confidence, as a diuretic, as I can a perfect anti-emetic.

I recall the fact that cocaine did act as a "heart-tonic and stimulant" in my cases of yellow fever, but failed to note it at the time, being more occupied with its action in quieting the stomach and keeping up the action of the kidneys.

In summing up the value of cocaine in the treatment of yellow fever, it may be stated to be almost a specific, in my experience doing more to cure this disease than any other drug I have ever tried, taking away or removing all nausea and vomiting, acting as a diuretic and as an excellent and sure "heart-tonic and stimulant."

# Chloralamid as a Hypnotic.

W. Hale White, M.D., F.R.C.P., Senior Assistant-Physician to, and Lecturer on Materia Medica and Therapeutics at, Guy's Hospital:

In his exhaustive account\* of many of the new hypnotics, Professor Leech says of chloralamid that the observations upon it are so far few in number. I have recently given it to twenty patients suffering from various illnesses, in all of whom insomnia was a troublesome symptom. Brief notes are appended. It will be seen that the drug produced comfortable sleep in all the patients except two; one of these was suffering from delirium connected with cerebral hemorrhage, and the other was admitted with rheumatic fever complicated by delirium tremens and salicylic poisoning. Both these patients died shortly after admission. It is noteworthy that some of the other patients were suffering from extremely painful diseases, and yet chloralamid produced sleep; thus a woman who had a thoracic aneurism preferred it to morphine, and another patient who had carcinoma of the stomach also slept better with chloralamid than with morphine. The patient with carcinoma of the liver suffered intense pain, yet she dozed comfortably after chloralamid. The man suffering from cerebral softening who was quieted by the drug is also a strik-Probably the house physicians, sisters, and nurses

<sup>\*</sup> Journal, November 2, 1889, p. 969.

are the best judges of hypnotics, as they see the patients frequently during the night. They all tell me that those who take chloralamid sleep well and comfortably after it, and the sisters of the three wards in which I have used it tell me that the patients sleep better after chloralamid than after any of the hypnotics which have been introduced during the last few years. My own experience, and what the patients themselves tell me, certainly agree with this. In none of the twenty patients to whom I have given it—and many of them have taken several doses—have any effects followed that can be looked upon as contra-indications to its use. Never have I observed any depressing results, nor has headache followed its use. The time which elapses between its administration and the commencement of sleep varies between a quarter of an hour and two or three hours. If it is given in the evening, when once asleep the patient usually sleeps quietly till morning. Some writers have stated that occasionally after a dose in the evening the patient does not go to sleep till the next morning, and that he remains asleep all the day. This was so with one of my patients; but it must be remembered that, as the drug is feebly soluble in water-20 grains take five hours to dissolve in 2 ounces of water—it is often given as a powder with some milk. It was administered in this way to my patient who slept the next day, and I should think that some of these cases of delayed action were due to delayed absorption. Now I always prescribe it with spirit; 20 grains will dissolve in 1 drachm of rectified spirit in fifteen minutes, and water may be added to this solution without reprecipitating the drug. A good way of giving it is to tell the patient to dissolve it in a little brandy, add water to his liking, and drink it shortly before going to bed. If given in milk, not only is it insoluble, but it is difficult to swallow, for it sticks to the sides and bottom of the glass. The taste is slightly bitter, but by no means disagreeable. It should never be prescribed with alkalies, for they decompose it, nor should hot water be mixed with it, for it decomposes at 148° F. an adult, 20 to 60 grains—the exact amount depending upon the cause of the insomnia—is the dose; usually 30 grains will suffice. It has the advantage over sulphonal that it is only

half the price, and it has the great advantage over paraldehyde that it has no nasty smell or taste, nor is it difficult to dissolve.

The few cases which have been published quite bear out the cases recorded here. It would seem that in chloralamid we have a safe hypnotic, which hardly ever has any depressing effects, which does not produce indigestion, and very rarely gives rise to any unpleasant results. We do not of course yet know what harm may result from its prolonged use. References to those authors who have studied the chemistry and physiological action of the drug will be found recorded by Leech, Patterson,\* and in a leading article in the Therapeutic Gazette for September, 1889. Rabow† considers 45 grains of chloralamid to be equivalent to 30 grains of chloral. Chloralamid has been used successfully as an enema by Peiper.‡

- Case 1. Typhoid. A girl aged 4½. Very irritable and fretful, often keeps the other patients awake by her crying; 5 or 10 gr. of chloralamid always sent her to sleep a quarter of an hour after taking it. She slept quietly for many hours. She took it frequently for a fortnight.
- Case 2. Sarcoma of last rib, growing extensively into the tissues and organs around. A middle-aged man. He suffered intense pain, but 30 or 40 gr. of chloralamid always gave him sleep, often for the whole night. It relieved him as much as, or even more than, morphine.
- Case 3. Cerebral hemorrhage with noisy delirium. An adult man. 30 gr. of chloralamid did not relieve the delirium.
- Case 4. Thoracic aneurism; a woman. She suffered great pain. Before the introduction of chloralamid she was treated with injections of morphine. For the last month of her life she had many doses of 30 gr. or 40 gr. of chloralamid. She always slept well after it, and she said she preferred it to morphine.
- Case 5. Subacute nephritis. A woman aged 27. Slept well and comfortably after a dose of 30 gr.

<sup>\*</sup> Lancet, October 26, 1889.

<sup>†</sup> Centralblatt fur Nervenheilkunde, August 1, 1889.

<sup>†</sup> Deutsch. Med. Woch., August 8, 1889.

- Case 6. Mitral regurgitation, pericarditis. A boy aged 12. Slept all night after a dose of 5 gr.
- Case 7. Mitral regurgitation and albuminuria. A man aged 40. 30 gr. made him sleep well and comfortably.
- Case 8. Extreme ascites, probably due to cirrhosis. An elderly man much troubled with insomnia. 50 gr. made him sleep well and comfortably.
- Case 9. Carcinoma of the liver. A woman aged 38. She suffered extreme pain, but 30 gr. of chloralamid caused her to sleep well and doze in comfort.
- Case 10. Erysipelas. A middle-aged woman. 30 gr. always made her sleep comfortably.
- Case 11. Rheumatic fever. A boy aged 10. 15 gr. every four hours gave him quiet sleep, although he suffered much.
- Case 12. Rheumatic fever, delirium tremens, salicylate poisoning. A man aged 40; died a few hours after admission. 3i of chloralamid had no effect upon him.
- Case 13. Brachial monoplegia, probably due to embolism and cerebral softening. An old man, who was very noisy and delirious. 30 gr. always quieted him and produced sleep lasting some hours.
- Case 14. Mitral disease. A middle-aged woman. 30 gr. always produced sleep.
- Case 15. Carcinoma of the pylorus. A woman aged 56. 30 gr. always produced sleep better than morphine.
- Case 16. Chronic eczema. A man aged 40. 30 gr. caused comfortable sleep.
- Case 17. Mitral regurgitation and floating kidney. A woman aged 50. 30 gr. produced sleep, although the floating kidney caused much pain.
- Case 18. Spastic paraplegia. A woman aged 56. 20 gr. caused comfortable sleep.
- Case 19. Phthisis, aortic disease, saturnine paralysis. A man aged 65. 20 gr. always produced sleep, but it took twelve hours to act, so that if the medicine were given in the evening the patient did not sleep during the night, but he slept all the next day.
- Case 20. Mitral regurgitation. An adult man. A severe case. 30 gr. produced comfortable sleep.

# Clinical Notes on the Use of Campho-Phenique in the Treatment of Burns and Lacerated and Contused Wounds.

It is now some five or six years since my attention was first called, by a brother practitioner, to the remarkable preparation which has since become so widely and favorably known to surgeons as Campho-phenique. It was then in an experimental state and was undergoing a series of practical and scientific tests with the view of the determination of its properties—physical, physiological and therapeutic.

Being in daily contact with those who were conducting the experiments, I soon acquired an appreciation of the value of the substance as a vulnerary, local anæsthetic and antiseptic, which the experience of subsequent years, and its use in many hundreds of cases, has served only to exalt and intensify. The result achieved with its aid in many classes of surgical lesions have been uniformly satisfactory, and, in some instances, so remarkably excellent as to justify an endorsement of the remedy, which, to those who are unacquainted with it, would seem like the grossest exaggeration.

The rapidity and the freedom from inflammation and suppuration with which ordinary incised wounds unite under its use are remarkable; but it is in badly lacerated and contused wounds and burns of all descriptions that its greatest virtues are exhibited, and it is to the results achieved in this latter class that my foregoing remarks concerning exaggeration especially apply. As a proof of the truth of the statement, I present herewith a brief clinical report of a typical case in each description treated with Campho-phenique alone.

Case I. Amy B., white, aged 4 years. In reaching for a plaything on a lamp stand, the cover of the latter was pulled off, and a lighted night-lamp standing thereon was overturned, a portion of its contents (coal oil) being thrown over the hands and arms of the child. The latter fell to the floor amid the debris, and in a moment, or before the parents, both of whom were in the room, could smother the flame, was superficially, but badly burned from the finger tips to above the elbow of the left hand and arm, and over a space of three inches in diameter on the right shoulder. There were also a few blisters made on the feet. I was called; saw the little

patient in a very few minutes after the occurrence, and found her screaming and writhing in agony, nothwithstanding the application of cold cloths, etc. There being no sweet-oil or vaseline in the house, the idea of mixing Campho-phenique with a little jug of cream which stood on the table suggested itself to me, and I at once applied to the entire wounded surface a mixture of one part of Campho-phenique and two parts of cream. Within five minutes the patient became quiet and soon fell asleep. Directing the parents to make subsequent dressings with a mixture of olive oil (two parts) and Campho-phenique (one part) I left the house. Without going further into details, I will say, that within four days the greater portion of the burned surface was healed, and at the end of a week was entirely well. The patient never at any time, subsequent to the first dressing, complained of pain.

Case II. M. G., white, American, aged 32, in attempting to get off a moving street car was thrown forward, falling at full length, and striking the crown of the head against the granite curbing, making several contused and lacerated scalp wounds, two of which were upward of an inch and a half in length each, and cut entirely through the integument, exposing the periosteum. He was carried into a neighboring drug store, where I found him a few minutes later, considerably dazed and covered with blood. After the usual preliminaries, cleansing the wounds, and drying them as thoroughly as possible with absorbent cotton, I poured Campho-phenique, pure, into and around the lesions which, altogether, covered a space as large as the palm. The momentary smarting was followed by local anæsthesia, which allowed me to take a number of stitches without causing enough pain to elicit even a grunt. I would mention here, parenthetically, that this is one of the most valuable features of the remedy, as many persons who can stand the pain of a cut or other wound very well, seem to suffer acutely from the manipulations of suturing. I would also state that it is my habit to pass the needle and suture through Campho-phenique immediately before using. Not a few local surgeons keep their needles and sutures constantly in the liquid. I have seen needles that have reposed in a vial of it for upward of four years and yet retain their

polish perfectly. The dressing was completed in the usual way, and the patient told to call at my office the second day thereafter. He did so, and, to my surprise, although I had had considerable experience with the dressing, I found not a trace of suppuration, and but little show of inflammation. scalp was freed from dried blood and desiccated exudations, and an application of Campho-phenique and vaseline, in equal parts, made to the injured surface, the dressing being completed by covering the part with a bit of lint smeared with vaseline and held in place by the large silk handkerchief tied On the fourth day the sutures were removed, over the head. every portion of the wounds being united by first intention. I saw the patient but once afterward, just one week from the date of the injury, and then found the wounds entirely healed. Not a drop of pus had formed, and the patient assured me that "except for the nuisance of having to keep something on his head all the time, he would scarcely have known that he had a hurt there."

Campho-phenique consists of phenic acid and refined camphor in nearly equal parts (505 parts of the former to 495 parts of the latter in 1000) chemically combined, and differs essentially from the solution formed by mixing carbolic acid and camphor, and which is sometimes substituted therefor. This substitution, when attempted, is quickly discovered by the patient, if not by the surgeon, by the productions of sensations which, to say the least, are the very reverse of anæsthetic.—Waldo Briggs, M.D., St. Louis, Mo., in Gaillard's Mediical Journal, New York, December, 1889.

# Paraldehyde in the Treatment of Tetanus.

In the Moscow Meditzinskoie Obozrenie, Nov. 21, 1889, Dr. Varnava E. Ignatieff, house physician to the Jauzsky Hospital for Laborers, Moscow, reports two exceedingly severe cases of tetanus cured by paraldehyde. The first case was that of a peasant girl, aged fourteen years, who was admitted on the fourth day of the disease. For the first ten days (from the fourth to the fifteenth day of symptoms) she was treated with chloral, one drachm daily. The patient's state steadily growing from bad to worse, paraldehyde was resorted to. Improve-

ment began almost immediately. About the thirty-third day of the disease, general spasms ceased altogether. About the thirty-ninth, trismus disappeared. On the forty-fifth, the girl got up, being practically well. On the sixty-eighth, she was discharged in a most satisfactory state. The drug was given both by the stomach and rectum, the total daily dose varying from one to two and a half drachms. In all, the patient took twenty-five and a half drachms in nineteen days, an average of eighty grains a day. The history of the second case is much the same, the woman being discharged perfectly well on the forty-third day after the commencement of the disease.—Provincial Medical Journal, January, 1890.

# Menstruation and Pseudo-Menstruation After Double Ovariotomy and Removal of the Uterine Appendages.

One of the most interesting phenomena which sometimes follows double ovariotomy, or removal of the uterine appendages, is the persistence of menstruation, or a more or less periodical metro-staxis. This is usually utterly unexpected to the patient, and may cause her to lose some of her faith in medicine as a science, or in the operator as a successful practitioner. The phenomenon is also of interest to the physician, because of physiological and pathological questions involved. That the occurrence is not very rare may be seen from the fact that statistics seem to show that from 5 to 10 per cent. of women who have submitted to double ovariotomy, or the removal of the uterine appendages, afterward go through the phenomena of menstruation or pseudo-menstruation. Wylie gives 10 per cent. as the number; Battey four cases out of fifty-four.

As to the cause of this persistent bleeding there is a general agreement among operators; and it is attributed either to leaving behind some portion of ovarian tissue, or to certain diseased conditions in the pelvic peritoneum, blood-vessels and connective tissues, or to disease of the uterus. Theoretically it is possible always to remove the uterine appendages entire, but in practice it is at times exceedingly difficult. Even though the ovary is freed sufficiently to pass the ligature below it, it is sometimes necessary to "scalp" the ovary to leave a

stump sufficiently good to prevent the ligature from slipping. Also in enucleating ovaries densely adherent to the floor of the pelvis, the ovarian tissue is at times torn, and portions are left behind. Besides this, ovarian tissue may remain in the form of supernumerary ovaries, which exist with sufficient frequency to require consideration.

Menstruation may or may not continue when ovarian tissue is left—this depending largely on the nature of the blood-supply to the ovarian tissue.

Hegar states that incomplete extirpation of the ovaries and the presence of a third ovary are less frequently the cause of recurring hemorrhages following operation than is generally believed. A greater influence is exerted by vascular dilatations, stasis, and hyperemia of the pelvis, such as are often present before operation or may develop later. More pronounced pathological processes, such as inflammation of the pedicle, ligaments, other parts of the pelvic peritoneum and connective tissue, and tuberculosis, produce periodical or irregular hemorrhages, partly by a direct influence on the circulation, partly by nervous agency. Olshausen agrees, substantially, with this view, but considers that the most frequent cause of pseudo-menstruation after operation is the persistence of pelvic inflammation, especially if more acute inflammation or abscesses develop.

Persistent uterine hemorrhage is at times due to uterine disease, such as adenoid growths in the endometrium, fibroid tumors—especially of the submucous variety—polypi, or malignant degeneration.

Several practical conclusions are to be drawn from these well-ascertained facts. As it is by no means positive that the complete menopause will be established after double ovariotomy, or the removal of the uterine appendages, patients undergoing such operations—or certainly near friends of the patients—should be told so plainly. Under existing circumstances the operator should feel only relatively disappointed when a complete menopause does not result after the double operation; and should set himself diligently to work to cure the particular morbid condition which is causing pelvic and uterine congestion. In the exceptional cases, in which the

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ovaries have not been entirely removed, or in which supernumerary ovaries exist, and true menstruation continues, a second operation and exsection of the remaining ovarian tissue may be necessary. Also, when infection of the pedicle causes abscess about the ligature, it may be necessary to evacuate the pus and remove the ligature by secondary abdominal More commonly, in cases which have been drained, pus is discharged through the drainage-track until the ligature comes away or is removed. Pus formation about the ligature does not occur so frequently in cases which have not been drained, largely for the reason that death is likely to take place in these cases, from sepsis or peritonitis, before abscess results. Where the recurring metro-staxis is due to uterine disease, thorough curetting of the endometrium may suffice to cure it. When malignant degeneration of the womb exists, hysterectomy or exsection of the degenerated tissues is indicated.—Med. and Surg. Reporter.

# Contagiousness of Pneumonia.

Netler (Arch. Gen. de Med.), has a long article reviewing the epidemics of pneumonia which have been recorded, and adds a few other instances which have come within his own experience. His conclusions are:

- 1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc.
- 2. The pneumococci are not destroyed by desiccation, and are diffusible through the air, but not to great distances—at most the interval between three hospital beds. They maintain their virulence for a period which has not yet been definitely determined, but probably never more than three years.
- 3. Contagion is possible during the entire course of the disease and even after recovery.
- 4. The period of incubation averages from five to seven days, but may vary between one and twenty.
- 5. Patients who have passed through a pneumonia are dangerous both to themselves and their neighbors, as living micrococci may be found in their saliva many years after.

Thence in part the epidemic appearance of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it.

6. Rigid quarantine of the patients seems unnecessary, but other patients and healthy persons should not be brought into too intimate relations with them. The sick room must be kept well ventilated and clean, the sputum disinfected, and the cocci lurking in the mouth destroyed so far as possible. Canadian Med. Journal.

# A Useful Galactagogue; "Nutrolactis."

A little over a year ago my attention was called to a combination of drugs said to be Galega officinalis, Galega apolinea, Tephrosia virginica, and sold under the name of "nutrolactis." The recommendations from some of those who had used it gave ground for believing that, notwithstanding my skepticism on the subject, it ought to have a fair trial. I offered to give it such a test during my service at the New York Infant Asylum, provided a sufficient quantity should be sent to the asylum at the expense of the makers, to settle the question as to its practical use.

Having had occasion to try about every galactagogue used by the profession, and having often been disappointed in the results, as many of my friends have been disappointed, I am glad to report that after more than a year's use it has been more satisfactory than any galactagogue I have hitherto employed.

I have thought it might be of interest to quote from the history books of the asylum a few cases taken in order without selection.

Lottie G., aged one year, gained half a pound in eight weeks, during which the mother took nutrolactis. The child had previously been losing weight.

Bernard R., aged eight months, wet-nursed. Nurse has been taking nutrolactis; no gain.

Edward E., aged eight months. Mother took nutrolactis for eight weeks; gain, four ounces. Has had in the meantime a severe attack of enterocolitis.

Josephine C., aged five months. Mother on nutrolactis six

weeks, during which time the child gained one pound twelve ounces.

Edith C., aged five months. Mother on nutrolactis eight weeks; gain one pound.

The following women are recorded among others as nursing two children:

Mary McM., on nutrolactis six weeks. Frances McM., aged eight months, her own child, during the above time gained twelve ounces. John S., (nurse child), aged eight months, gained two pounds twelve ounces.

Mary D., on nutrolactis eight weeks. John D., aged ten months, her own child, gained one pound eight ounces. Howard B., aged six months (nurse child), gained one pound and a half.

We have had several women whose supply of milk was insufficient, but after taking nutrolactis they have been able to nurse two children.

The women who take it all say that it positively adds to their flow of milk. As it is not particularly agreeable to take, containing little alcohol, I believe that their praise of it is not due to bias on account of palatability, and as the facts in our tests seem to bear them out, I believe their statements. The class of mothers and children which come under our care is one to which such a medicine is peculiary valuable, and after a year's use I am much pleased with the results.

We are now using about a dozen bottles a week. The dose is a tablespoonful two or three times daily. I hope that its use will be of benefit in the hands of some of my brethren who may be tempted to try it from what I have said about it.—Robert Millbank, M.D., Visiting Physician to the New York Infant Asylum, in New York Medical Journal.

# Treatment of Chronic Cystitis and Formation of Artificial Urethra.

Before the Southern Surgical and Gynecological Association, Dr. Hunter McGuire, after pointing out the vesical disorders of women, due to reflex troubles, such as piles, fissures, diseases and displacements of the uterus, foreign bodies, etc., proceeded to the treatment of true chronic cystitis:

First, he dilated the urethra and neck of the bladder, par-

alyzing, for the time, the sphincter; after this, he introduced the drainage-tube, and gave the organ complete rest.

In closing the discussion on his paper, Dr. McGuire, at the request of the society, gave in detail, the technique of his operation for the formation of an artificial urethra in enlarged prostate in the male.

After washing the bladder out, shaving and cleansing the parts about the pubes, the rectal bag is introduced and filled with 10 or 12 ounces of water. In an emergency, a pig's bladder might be substituted for this bag—one to hold 12 ounces would be the proper size. If he could get nothing else he would distend the rectum with sponges. This distension of the rectum is important; it pushes the bladder up out of the pelvis into the abdomen; it keeps the peritoneum out of the way; it pushes the bladder close to the anterior abdominal wall, and makes the operation very simple and safe. The patient's bladder is then filled with warm water, containing a small quantity of carbolic acid. It is not necessary or desirable to distend the bladder; indeed if the distension is carried too far the bladder might burst.

After all is ready, he cuts for an inch and a half, just above the symphisis pubis, through the skin, fascia and fat. He takes great care to keep in the middle line, and makes his cut down to the symphisis; with the handle of the knife he separates the recti muscles, then cuts through the fascia transversalis; again, with the handle, he cuts through some fat and loose cellular tissue between the fascia and the bladder. Carefully keep in the middle line, and disturb this structure as little as possible. The bladder is then in view; open it with the point of the knife, and, as the water flows out, introduce your finger and examine it; no stitches are necessary anywhere. When the rectal bag is removed, the bladder falls down into the pelvis, and when the parts have healed, and the opening in the bladder is reduced to about the size of an ordinary urethra, this new tube will bear the relation to the bladder that the spout of a coffee-pot does to the pot.

Then the man will be able to retain and expel his water. He can hold his water until it accumulates in the bladder to a point above the level of the top of the new urethra—for the recti muscles keep the canal closed when not in use, and prevent leaking, no matter what the position of his body. When he makes water, it comes out as from the natural urethra, and the last of it in jets.

There is no need for drainage-tubes after the operation. Drainage is just as complete after this operation as it is after perineal section. It is difficult to believe this, but it will be believed soon after a trial, or after a careful study of the mechanism of micturition. It was after such a study that he devised the operation.

He had in his hospital, when he left, an interesting case of a woman who, in consequence of sloughing after child-birth, had lost the whole of her urethra, and part of the neck of her bladder. The plan usually practiced in such cases was to close the labia and turn the urine into the rectum. He intended to make in this case an artificial urethra above the pubes, as he had done in the male, and close up the lower end of the bladder entirely. He was certain, in this case, that he would make the woman hold and expel the urine at will.—Va. Med. Monthly.

# A New Contribution to our Knowledge of Diphtheria.

The active researches into the etiology, pathology, and treatment of this modern scourge, will, it is to be hoped, realize the ambitious expectations of those who have so zealously labored in this fruitful field. In a recent work by Dr. Bruehl, who is connected with the imperial health bureau, and which received the highest encomiums from Prof. Oertel, some points are brought out whose importance our readers will recognize. The author calls attention to the indisputable fact, proven by careful historical study, that everywhere and under all conditions the malignance of diphtheritic infection remains the same. Its deadly character is demonstrated by the official records, which show that in eight years 334,541 deaths occurred, and the remarkable fact is brought out, which is not sufficiently appreciated, that the disease is quite as prevalent elsewhere as in the larger cities.

But the most important fact which is of practical value is their claim that the etiological element for the development of predisposition to the disease, either to its contraction or further development of the infectious germs, may be sought in the frequent immediate change from an atmosphere which deprives the respiratory organs of comparatively little water, to one which abstracts from their respiratory tract a great They deduce from this probable fact the prophdeal of water. ylactic advice, to so construct our dwellings by proper arrangement of the heating apparatus in winter, and of the ventilation arrangements in summer, that there should be no essential difference between the moisture of the air without and within our dwellings. In addition, they recommended the hardening of children by accustoming them to exposure to all kinds of air, the improvement of waterworks, street sprinkling, draining of swamps, etc. If these observations of the author, which, it must be granted, are based upon large statistical data, are borne out by others, it will lead to the elucidation of many obscure cases of diphtheria, and probably to a successful prophylaxis.—Times and Register.

A. Voitoff, of Moscow, has made some interesting studies as to the active agent in the production of smallpox. He found in the pustules of inoculated calves various microbes already known. Inoculations with artificial cultures of these gave no results, whereas inoculations with combinations of them produced characteristic various pustules, and animals so treated were proved to be protected from smallpox. The observations open an interesting and probably valuable field for experimentation.—Jour. Amer. Med. Association.

Professor Jaccoud, of Paris, considers the salicylate of soda as the best antipyretic in febrile tuberculosis, given in a maximum dose of two grammes in twenty-four hours. A daily dose of one gramme may be continued for a long time, taking the precaution to give the patient a large quantity of water after each dose. In the light of present facts he considers it inadmissible to give the sulphate of quinine in these cases. Jour. of Amer. Med. Association.

### FORMULÆ.

MENTHOL IN THE VOMITING OF PREGNANCY.—

Dr. Weiss advises the administration of menthol in the vomiting of pregnancy, a drug which was first recommended for this condition by Gottschalk. The following is the formula used by Weiss:

R Menthol, 15 grains.
Alcohol, 5 fluid drams.
Syrup, 1 fluid ounce.

M. Sig.—One teaspoonful to be given every hour.—Therap. Monatshefte.

# Intravenous Injections of Quinine in Malaria.—

Bacelli advocates the use of intravenous injections of quinine in the pernicious forms of malarial poisoning. The solution he employs consists of:

R. Quinia hydrochlorate, 15 grains. Sodium chloride, 1½ grains. Distilled water, 154 minims.

Before using the solution on patients he experimented with animals, and satisfied himself that there was no danger to be apprehended from the method. With patients suffering from the severe malarial fevers the results, he claims, are brilliant. To secure an absolute curative effect, 15 grains of the quininesalt were necessary, though smaller doses proved beneficial. In some cases, Bacelli is confident that he has saved life by the prompt employment of this method of treatment. Centralblatt f. d. gesammte Therapie.

### ZINC IODIDE IN ENLARGED TONSILS.—

Dr. J. B. A. Tanguay, Providence, R. I., claims (*Med. World*) that the local application of zinc iodide by means of a brush once daily, exercises a decidedly beneficial effect on enlarged tonsils.

TREATMENT OF MECHANICAL DYSMEN-ORRHŒA.—

Dr. Goodell recommends the following:

R Ammonii bromidi, zij.
Potassii bromidi, ziv.
Spts. ammoniæ aromat, fl zvj.
Aquæ camphoræ, ad. zxlviii.

M. Sig.—One dessertspoonful to a tablespoonful every two to four hours.

R. Spiritus ammoniæ aromat.

Spiritus ætheris comp., aa zviii. M. Sig.—One teaspoonful to a dessertspoonful in water every two to four hours.

When the pure nervines fail, the next resort is to the hypnotics, and of these opium in some form takes rank. Rectal suppositories, containing one grain of the extract of opium and half a grain of extract of belladonna, are familiar remedies to most physicians. The effect of the combination of the nervines with narcotics is often happier than the administration of the latter only. He also uses the following:

Chloral hydrat, Zij.
Potassii bromidi, Ziv.

Aquæ camphoræ, Zxlviii.
M. Sig.—One tablespoonful every two to four hours.

When uterine colic is very acute, two grains of morphine are added to this mixture.

### PRESCRIPTION FOR CYSTITIS .-

To render the urine aseptic in cystitis and gonorrhœa, the following is recommended in the Gazette de Gynecologie, December 1, 1889:

R. Sodium borate, 1 part.
Syrup of raspberry, 3 parts.
Infusion of lactucarium, 8 parts.
Infusion of linden flowers, 8 parts.
M. Sig.—One tablespoonful every

M. Sig.—One tablespoonful every two hours.
Or

R Benzoic acid, 1 to 2 parts. Glycerin, 5 parts. Simple elixir, 75 parts.

M. Sig.—One tablespoonful every two hours.

# Memphis Medical Monthly

SUBSCRIPTION PER ANNUM, ONE DOLLAR, INVARIABLY IN ADVANCE.

The MONTHLY will be mailed on or about the fifteenth of the month. Subscribers failing to Original communications, etc., should be in the hands of the Editor on or before the fifteenth of the month preceding their publication.

We cannot promise to furnish back numbers.

Clinical experience—practical articles—society proceedings, etc., and medical news of general interest to the profession, solicited. All communications, whether of a business or literary character, should be addressed to the Editor.

F. L. SIM, M.D., EDITOR.

Memphis, Tennessee.

VITAL STATISTICS, MEDICAL LEGISLATION, ETC.—The earnestness with which a portion at least, of the medical profession of Tennessee has urged upon our legislative bodies, at each recurring session, the importance of enacting laws to secure a record of vital statistics for the State, is certainly commend-It has been difficult, however, for the legislators to agree upon any bills reported, and in consequence most of them have been rejected, or, like the Medical Practice Act, emasculated and then enacted into law. Would it not be well to "call a halt" and inquire why such is the case? Has the medical profession ever formulated a basis of action upon which all of its members could agree? Has it ever formulated the principles it desired to enunciate, so as to be acceptable to even a respectable minority of the profession? Has it shown any disposition to comply with the requirements of such laws as have already been enacted? These are questions suggested by past experience, and we have no hesitancy in answering each one in the negative. Our State laws covering vital statistic necessities are nil, as are all of the laws of Tennessee looking toward the medical interests of the people. We say medical interests of the people, for the medical profession, as such, has no interest at stake. Were the profession to study its interests from a selfish standpoint, sanitary matters and preventive medicines would be relegated to the rear at once. But the profession has always looked to the best interests of the whole people, and when a law provides for the collection of statistics of any kind, the only advantage the

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doctor acquires therefrom is that of better fitting himself to serve the people—protect their lives and point out their necessities.

While a number of the leading members of the profession have worked earnestly to secure greatly desired medical laws, others have as persistently failed or refused to support them in their efforts; aye, some have worked industriously to defeat such ends. When local laws have been secured, just such as the profession of the State have urged upon our legislators, they have been sufficiently ignored by the local profession to render the statistics valueless. An instance of this kind has just come to our knowledge:

Needing a fresh supply of blank certificates of births, we addressed Dr. F. A. Williamson, Secretary of the Taxing District Board of Health, a note requesting him to send them, and received the reply that there was no record of births kept in that office. "It has been impossible to get the physicians to report without resorting to the courts."

There is a city ordinance requiring the report of every birth. This ordinance was adopted in keeping with the demands of the medical profession, and yet but a small minority of the profession will obey "without resorting to the courts" to compel them to do so. It is no excuse to say that there is no State or general law requiring such registration. Memphis has such a law, and the legislator will naturally conclude that if the profession of Memphis will not obey, the profession of the State will also disregard such requirements.

The recently enacted Medical Practice Act was so changed before it got through the Legislature that its warmest advocates failed to recognize it, yet the legislators claimed to have passed it in a spirit of concession and fairness, and at the request of the medical profession. No sooner had the enactment been published than a wild kick began. It is now doubtful whether any considerable number of the profession will view the matter other than in the light of useless legislation. Again, will it not be well to stop and think? One objectionable feature has been urged to further effort, i. e., the homeopaths and the eclectics have been placed on the Examining Board. What difference does this make? It is

true we object, not to them, nor to any man's practice, but to their sectarian names. But how much do our objections weigh with the average legislator? He holds that the eclectics and homœopaths, etc., have as much right to citizenship in the State of Tennessee as any other class of men, and having such, have a right to representation. An effort to exclude them from any or all State medicine matters will develop hallucination of the "baby act," and the cry of persecution will be heard from Carter to Shelby. Why not complacently accept membership on the Board with any persons that the Governor may select and endeavor to agree upon such legislation as can be supported by the entire profession? When such a millennium sweeps over the country the Legislature will meet us half way, and the much needed legislation will easily be secured. So long, however, as differences prevail, spiteful feelings are engendered, and the laws already existing are treated with indifference, just so long our officers must resort to the courts to compel compliance therewith, and just so long will the legislator think it a waste of time to consider matters medical in connection with the State.

SULPHUR FUMIGATION.—In a former editorial we called attention to the uselessness of sulphur fumigation as at present generally advised, for the disinfection of rooms previously occupied by scarlet fever, diphtheria, etc. We then cited the experiments of Dr. Sternberg as reported to the American Public Health Association in 1880 and 1881. He demonstrated that to destroy the power of liquid vaccine five grammes of sulphur burned in a cubic metre of air were sufficient, while to destroy dry vaccine sixteen grammes per cubic metre were required. From this it would appear that the dry fumigation would be of but little if any benefit. Actual experience, as detailed in a recent report by Dr. Chapin, Superintendent of Health of Providence, shows that in one hundred and fourteen cases of scarlet fever in which this method of disinfection was practiced as well as it could be in a private house, the disease extended beyond the family where it first appeared to others in the house ten times. This was less often than when fumigation was not done, the ratio then being one to

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four, and in the latter case one to eleven. He believes that isolation, disinfection of soiled linen, and thorough inunction of the patient, have as much or more to do with the restriction of the disease than does the final fumigation.

Experience then, and practical experimentation, are quite convincing that sulphur fumigation without first, or simultaneously moistening the objects to be disinfected, is inefficient. There are two rules laid down by sanitarians, which should be observed, both in letter and spirit:

- 1. That at least three pounds of sulphur should be burned in every thousand cubic feet of air-space to be fumigated.
- 2. That the sulphur should be burned in the presence of moisture.

How often are those whose duty it is to enforce sanitary measures, derelict in the thorough discharge of such duties, can be estimated by the failures constantly observed and the continued spread of disease. The first of these rules is generally observed by health authorities, but the second, without the provisions of which the whole is but a farce, is more frequently neglected than practiced.

Dr. E. R. Squibb, in a paper read before the Kings County Medical Association, calls attention to this and says that moisture is necessary to enable contagious matter to propagate contagion, and equally necessary for any reaction with agents which have the power to so change their molecular structure as to destroy their capacity for contagion. He shows that sulphur dioxide, resulting from burning sulphur in the air, is not a disinfectant, but requires the presence of moisture; and that in proportion to the amount of moisture, up to what would be a very large dilution, the more there is present the more perfect are the conditions for thorough disinfection, and the less moisture there is present the more imperfect the disinfection.

The Kentucky State Board of Health has recently issued a circular to the people, giving specific instructions in keeping with the necessity of fumigating in the presence of moisture, to be effectual. These instructions will doubtless lead to more satisfactory results than the practice even in the hands of most of the Boards of Health with their present methods. The circular alluded to suggests the following procedure:

"To disinfect the room proceed as follows: Arrange the contents of the room so as to expose the greatest amount of surface to the action of the disinfectant. Close the apartment as completely as possible, stopping all openings, as chimney flues, key-holes, etc., through which the gas might escape. Thoroughly dampen the floor, walls and furniture. For a room ten feet square use three pounds of sulphur, moistened with alcohol, in an iron pan placed in a tub containing a few inches of water, to avoid danger from fire. When certain the sulphur is burning well, leave the room, close the door and allow the room to remain tightly closed for ten or twelve hours. Afterward the room should be thoroughly ventilated for several hours, and then the floor, and ledges over windows and doors and other places likely to retain dust, should be washed with the chloride solution and then with soap and hot water. The house and premises generally should be put in the cleanest and best condition possible."

IODOFORMIZED GAUZE IN DILATATION OF CERVICAL CANAL.—Dr. John R. Haynes, Assistant Professor of Gynecology in the Medical College of the University of Southern California, writes the *Practitioner* an interesting article on the above topic. After passing in review a number of objections to the more common methods of dilating the cervix he claims that the iodoformized gauze has advantages:

(1.) It drains the uterine cavity by capillary action instead of confining septic fluids as do dilatable tents. (2.) It does not tear the mucous membrane of the uterus and thus afford a ready channel for septic poisoning. (3.) In but a small proportion of cases is there severe pain after its introduction. (4.) It can be used with perfect safety in the office. (5.) It is easy of application. And finally: (6.) Its use is entirely devoid of danger, if ordinary antiseptic precautions are used.

He thinks the gauze should be used in cases where dilatation sufficient to introduce the finger or curette for diagnosis or treatment is desired, and where urgency is not a factor. And secondly, where very decided dilatation is needed, as for the removal of large polypi or submucous fibroids, or during premature, or full-time labor.

The following method is adopted in using it:

Introduce a scrupulously clean speculum, cleanse thoroughly with cotton and applicators the cervix and upper portion of the vagina, and then swab with a mercuric chloride solution

(1-4000). Seize the anterior lip of the uterus with a tenaculum and straighten the cervix, then with probe-pointed forceps and sound carefully stuff the cervical canal with strips of iodoformized gauze, one-quarter to one-half inch in width, and from two to three feet in length, allowing one or two inches to project from the external os. Introduce a tampon of borated cotton or wool, and tell the patient to report in twenty-four hours, but just before returning to use a mercuric chloride vaginal douche (1-6000).

Remove and pack daily until the cervix is dilated sufficiently for your purpose. Should pain (except that felt during the act of packing and for a short time afterward) or fever ensue, remove the gauze immediately and order rest and mercuric

chloride douches.

Enterprise.—The University of Pennsylvania has always shown a genuine interest in elevating the standard of education, but recently that institution has made a number of strides forward in this direction. In the medical profession, hardly an address is delivered without the author urging upon his hearers the necessity for a "higher standard of medical education." So it is with the literary world—a higher standard of education must be reached. This song has been sung to the American ear ad nauseam, and yet it continues to furnish music for each annual meeting of medical societies. No general effort appears to suggest itself to anyone, or, if such is suggested, no one appears willing to act. After awaiting this state of affairs for a number of years without encouraging results, the Old University has concluded "to go it alone." The educational requirements have been steadily advanced in every department. In the medical department this is especially observable. And now comes the opening of a wider field. Some of the most prominent members of the Faculty have united in the formation of a "University Press." The latter will have for its aim the publication of books and a number of magazines on different topics. The Alumni of the University, scattered in great numbers all over this country, exercise an influence that at once assures success to even so great an undertaking. But with the superior business management of the popular Dr. A. L. Hummel, success will perch upon the banner of the "University Press" regardless of the influences alluded to.

Dr. Turner, of the U. S. Army, in view of the wider fields of labor opening to woman, in her welcome to almost every profession, anticipates the time when she will no longer be the poor victim to be practiced upon, but will take her turn in practicing upon the other sex. When that time comes the Lord have mercy on us and save us from being the ladder on which she mounts to fame. "We may then find," says Dr. Turner, "our cremasters tucked and plaited for pendent scrotum; the prepuce flounced for redundancy; the epididymis resected when the testicle is too low; our ureters catheterized, and the pelvis of our kidneys curetted; and Miss Cynthia Tate, more bold and brilliant than all the rest, will castrate for all manner of neuroses." When that millenium comes the tables may be turned with a vengeance, possibly in many instances to the great benefit of society.

S. T. Armstrong, M.D.—Ability coupled with earnest and honest effort, will be rewarded. Such has been the good fortune of our friend Dr. Armstrong. Hardly had he become located in Cleveland, Ohio, before the unexpected death of Surgeon Goldsborough at New Orleans gave Surgeon-General Hamilton & chance to emphasize the merits of Dr. Armstrong by promoting him to the vacancy thus occasioned. The Surgeon-General must have long since appreciated the ability and adaptability of Dr. Armstrong in hospital practice, and we feel confident it is one of his most pleasing duties to recognize the worth of such men and reward them as occasion may present.

# NECROLOGICAL.

DIED.—Dr. J. P. McGee, of Memphis, February 3, 1890.

Dr. McGee was born in Henry county, Tenn., in 1835; he was therefore at the time of his death but 55 years old. He was educated at McLemoresville, Tenn.; graduated in medicine from the Jefferson Medical College, Philadelphia, in 1861. Before graduation Dr. McGee practiced medicine in Trenton, Tenn. Immediately after receiving the degree M.D., he entered the Confederate Army as a surgeon, and remained until the close of hostilities. After his return he located in Hickman, Ky., where he practiced until 1867, when he returned

to Trenton and devoted his energies to his chosen profession until called to take the chair of Principles and Practice of Medicine in the Memphis Hospital Medical College in the fall of 1883. He occupied this chair until the reorganization of the faculty in 1885, when he resigned. Dr. McGee was a friend of organized medicine, and received the honors of the profession liberally. In 1862, he was chosen president of the Tri-State Medical Association of Mississippi, Arkansas and Tennessee, and was at one time president of the West Tennessee Medical Society.

For some time previous to his death the doctor had suffered from mental depression, nervous and physical exhaustion. He died of pneumonia, following an attack of epidemic influenza.

MEMPHIS MEDICAL COLLEGE, January 20, 1890.

WHEREAS, It was the will of the Almighty God to remove from our midst our esteemed and beloved brother, J. M. Gresham,

Be it resolved, 1: That we submissively bow to the will of the Almighty.

Resolved, 2: That we do, individually and collectively, sincerely sympathize with his bereaved relations and friends, and pray that the Allwise Creator may temper the blow and lighten the burden that has fallen on them, and while we do submissively bow to the decree of the Divine will, we feel and know that the class has lost a bright star and the school an honored factor.

Resolved, 3: That these resolutions be published in the MEMPHIS MEDICAL MONTHLY and Memphis Journal of Medical Sciences; also, a copy be sent to his county paper for publication, and a copy of the above journals and paper be sent to his parents.

FELLOW STUDENTS.

# MARRIED.

Sanford—Sharpe.—On the 29th ult., Dr. J. W. Sanford, of Mack, Tenn., was married to Miss Celeste Sharpe, of Halls, Tenn., the Rev. P. T. Ramsey officiating.

Dr. Sanford graduated from the Memphis Hospital Medical College in the spring of 1886, and was regarded as one of our best students. His friends in this part of the country will join us in wishing him and his bride a prosperous and happy career.

## BOOK NOTICES.

The Lambert Pharmacal Co., of St. Louis, has lost none of its former energy and adaptability to the wants of the medical profession. They have just issued a most excellent little volume containing monographs on the following subjects: Chronic Nasal Catarrh, by George Moorewood Lefferts, A.M., M.D.; Media Purulenta, by Dudley S. Reynolds, M.D.; Atrophic Nasal Catarrh, by Carl Seiler, M.D.; Summer Diarrhæa in Children, by Isaac N. Love, M.D.; Treatment of Whooping Cough, by John M. Keating, M.D.; Personal Experience in Diphtheria, by Bedford Brown, M.D.; Pyogenic Membranes, by W. W. Dawson, M.D.; Fistula in Ano, by Joseph M. Matthews, M.D.; Treatment of Ovarian Cysts, by Geo. F. French, A.M., M.D.; The Present Status of Antiseptic Surgery, by Wm. Tod Helmuth, M.D.; Operative Wounds and Germicides, by Henry O. Marcy, A.M., M.D.

A TREATISE ON MATERIA MEDICA. PHARMACOLOGY AND THERA-PEUTICS. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica and Therapeutics in the Medico-Chirurgical College of Philadelphia, and Member of the American Medical Association; and John Aulde, M.D.. Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia and Member of the American Medical Association (in two volumes). Vol. I. Price, cloth, \$2.50, sheep, \$3.25, net. F. A. Davis, Publisher, No. 1231 Filbert street, Philadelphia, Pa.

The volume before us (Vol. I), is devoted to pharmacy, general pharmacology and therapeutics, and remedial agents not properly classed with drugs. The work is an original one in as liberal a sense as any production of the kind can be said to be. After alluding to the immensity of the literature upon the subjects of antipyrin, antifebrin, cocaine and the salicylates, the authors in their preface say that the result of this increased activity in all departments of medical science has developed the need for presenting the subject of therapeutics in a manner which shall fully express the most recent information in compact form, and has determined the authors to postpone the issue of the second volume until such time as would permit them to go over the entire ground again in the special department of drugs. This plan will involve no additional expense to the purchaser, while it has the advantage of presenting the subjects treated of in the different volumes separately, and he is thus permitted to secure at intervals books

for which he may experience a special need—two important considerations.

The general plan of the work is elementary in character, eminently practical, and the topics and sub-topics brought to view with more care than in any book we have ever read. It should be in the library of each of our readers.

TRANSACTIONS of the Texas State Medical Association.

The proceedings of the 21st annual session, held in San Antonio, April 23, 24, 25 and 26, 1889, have been received. The work done by the Texas Association annually is creditable to the profession of the State. The book before us shows no lack of interest in matters medical, when compared with those of former years. Texas is a great State and her medical profession a noble one.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.

The November-December (1889) and January (1890) numbers of this valuable work have been received. The November number contains monographs on the following topics:

On the Surgery of the Knee-Joint, by C. B. Keetley, F.R.C.S. Aids to Ophthalmic Medicine and Surgery, by Jonathan Hutchinson, Jr.

Bacteriological Technology for Physicians, by C. J. Salmon, Sr.

December number:

A Practical Treatise on Blindness, by Geo. T. Jackson, M.D. The Sphere, Rights and Obligations of Medical Experts, by James F. O'Dea, M.D.

Pathology and Treatment of Ringworm, by Geo. Thin, M.D. Notes on Dental Surgery, by F. Smith, M.D., LL.D.

On Sounding for Gall-Stones; and the Intrusion of Gall-Stones by Digital Manipulation, by George Harley, F.R.s.

January, 1890, number:

Neuralgia; its Etiology, Diagnosis and Treatment, by R. W. Growers, M.D., F.R.C.S.

The Prognosis of Disease of the Heart, by Prof. E. Leyden, Berlin.

The Sputum. A Contribution to Chemical Diagnosis and Practical Examination for Tubercle Bacilli, by Peter Kaatzer, M.D.

Hypnotism. Its Significance and Management Briefly Presented, by Dr. August Forel.

The Forms of Nasal Obstruction, in Relation to Throat and Ear Diseases, by Greville Macdonald, M.D.

Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, New York. One volume each month. Price, \$10.00 a year. Single copies, \$1.00.

TRANSACTIONS of the Louisiana State Medical Society at its Tenth Annual Session held at Monroe, La.

The transactions, taken as a whole, are creditable to the State Society. The address of Prof. Joseph Jones, President, was elaborate in the extreme. He followed all the paths and by-paths of education to their utmost limit, regardless of whether related to mind or matter, physiology or pathology. The address occupies 112 pages (8 vo). small pica.

The papers on medical topics are all good. The remarks of Dr. R. H. Day of Baton Rouge, in regard to the nature and treatment of yellow fever, are most excellent and would be reproduced by the Monthly but for limited space. The doctor regards the disease as infectious and caused by a specific poison, the nature of which has not yet been determined. He objects to calling it a self-limited disease, as he believed the term deceptive and misleading. In speaking of the influence of alarm he says: "Those of us who have passed through these epidemics, know too well the dire effects of this fear upon the sick."

"What then, is our first duty under these conditions? Clearly, to disarm our patient at once of his fears and apprehensions of a fatal result; to inspire confidence, moral courage and hope. This, as his physician, you should be able to do, and ought to do it. When your patient, with despair depicted in his countenance, tremblingly asks you, 'Do you think I can get well?' answer him with emphasis, 'Yes, if you will be a man and dismiss your hurtful and foolish fears.' Assure him that his disease is not necessarily as dangerous to life as pneumonia, nor as difficult to treat as pernicious intermittent and remittent fevers. Tell him this, believing it, and utter it in such a spirit as to convince your patient that you mean and believe what you say. You will thus kindle in him hope, stimulate

and strengthen his will-power, and these acting upon the nervous centres will produce a corresponding better condition of all the functional activities of the physical organism, thus rendering his situation more favorable for judicious medication."

No doubt the doctor is correct in this advice, in a general sense, but while we encourage our patients in every way possible, we would hardly be justifiable in assuring them that their disease is not necessarily as dangerous to life as pneumonia.

### NEWS, NOTES AND ITEMS.

Just now people are forcibly reminded of Tennyson's pathetic lines: "A sneeze that is all a sneeze may be met and fought outright, but a sneeze that is part of the grip is a harder matter to fight."

\*\*\*

The Supreme Court of Georgia has decided that the proprietor of a patent medicine is liable for damages for injury done to any person who takes the medicine according to directions.

\* \* \*

Annidalin, a new substitute for iodoform, is an iodine derivative of thymol made by the action of iodine upon an alkaline solution of thymol. It is of a red color, and in the presence of moisture or on exposure to light, liberates iodine.—Chemist and Druggist.

\*\*\*

The Mexicans have no confidence in a young doctor until he has had a couple of years' practice. Then they make an inventory of his patients, and if he has cured more than he has killed, they recognize him, no matter whether he has a diploma or not.

Antipyrin in Diabetes.—Several writers report success in the treatment of diabetes mellitus by antipyrin in doses varying from two to six grammes daily. In some cases all sugar disappeared in a few days. In other cases the amount of sugar was greatly diminished.

\*\*\*

Park Ritchie, M.D., St Paul, Minn., says: "Am prescribing Tongaline with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other ano-

dyne. For nervous headache or muscular rheumatism, it is almost a specific.

The day of mercurials as blood alteratives is past, and vegetable alteratives have now universally taken their place. The Succus Alterans (McDade), manufactured by Eli Lilly & Co., of Indianapolis, is a rare product, and is winning laurels where ever used. Their Elixir Purgans is also valuable.—Chicago Medical Times.

\*\*\*

Notwithstanding the large number of hypophosphites on the market, it is quite difficult to obtain a uniform and reliable syrup. Robinson's is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including iron, quinine and strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

\*\*\*

- A. L. O'Brien, M.D., Yoakum, Tex., writes to the Dios Chemical Co. of St. Louis, Mo., as follows: I have given Dioviburnia a fair trial and found it useful as a uterine tonic and anti-spasmodic, relieving painful dysmenorrhæa, and regulating the uterine functions. I feel that it will govern almost any case of dysmenorrhea, especially the congestive form. I am pleased with its therapeutic effect.
- J. Stinson Harrison, M.D., 1225 F St. N. W., Washington, D. C., says: About one year ago I was called to see a gentleman who for fourteen years had been suffering from frequent, (at least weekly) epileptic fits, sometimes severe, sometimes light. I exhausted all the ordinary remedies upon him with but little benefit. Six months since, I commenced the use of Peacock's Bromides, and am pleased to say that from the very first day of its use he has not had a single paroxysm and now feels himself entirely cured.

THE HORSE BLEW FIRST. —A veterinary student, having been sent to administer a dose to a sick horse, was asked by his preceptor what success he met with. "None at all," he replied, "the horse bit me." The preceptor then explained that he should have put the powder into a medicine-tube, and, placing one end in the side of the horse's mouth, blow it into

his throat; whereupon the student proceeded to act upon the suggestion. Returning again, he was asked what success he had this time. "None at all," he replied, "the horse blew first!"

\* \* \*

The Secretary of the State Board of Health of Michigan says: "La Grippe" is reported by a few of their observers; and, apparently, some call certain types of cases of the prevailing epidemic "intermittent fever"; but, even though its causations and symptoms are somewhat like those of intermittent fever, "influenza" is undoubtedly the best name for the disease; and it is so reported on 98 per cent. of all the weekly reports by Michigan physicians, received at the office of the State Board of Health for the week ending Feb. 1; the most sickness being caused by influenza, pneumonia, bronchitis and rheumatism.

We are gratified to learn that Mr. Leopold Hoff, who introduced the original Hoff's Malt Extract into the United States in 1866, was awarded a silver medal at the Melbourne, Australia, exhibition in 1889, and a bronze medal at the Industrial Exhibition at Hamburg, Germany, in 1889, for the superior excellence of his Malt Extract. At the latter exhibit he also received a special award of honor.

This original preparation can only be obtained in the U. S. under the style of "Hoff's Malt Extract, Tarrant's," and is always to be relied upon when practitioners are in need of a safe, palatable, nutrient tonic.

THE BACILLUS OF INFLUENZA. This reported that a bacillus has been identified at Vienna as peculiar to epidemic influenza. It has points of resemblance to the coccus of pneumonia, but is not identical with it. It is described as being dark blue in color and having a cassock-shaped head. One writer says that it is not unlike the exclamation point; which, if true, will bring it into the punctuation series of Dr. Koch, who inaugurated that series with the comma-bacillus of cholera. Jour. of the Association.

THE DATE OF THE ANNUAL MEETING.—There seems to have been a misapprehension on the part of some members of the Association as to the date of the next annual meeting. This

doubtless arises from the fact that the place of meeting governs as to the time when it shall be held. In the Southern portions of the Union the sessions are held in May, while in the Northern States they are convened in June. For special reasons the last meeting was deferred until June 25. Reverting to the established rule, the Association will meet this year at Nashville on Tuesday, A.M., May 20, the third Tuesday in the month.—Jour. of the Association.

\* \*

The forty-first annual meeting of the American Medical Association will be held in the city of Nashville, commencing Tuesday, May 20th, and continuing until Friday, the 23rd. In connection with the meeting of the association there will be held the usual exposition of pharmaceutic, surgical and sanitary products and appliances. This exposition is expected to be one of the largest and most interesting exhibits of the kind ever held. Pharmacists and others intending to exhibit their manufactures, etc., should address Dr. J. Berrien Lindsley, Chairman of the Sub-Committee on Exhibits, Nashville, Tenn. The building selected for the exhibition is the Amusement Hall, Broad Street, near Spruce, and contains 7000 square feet of floor space, exclusive of the aisles, and about 5000 square feet of wall space.

\* \* \*

Dr. Prevost, Cambremer, Calvados, France, says: I tried Aletris Cordial in the case of a young lady, twenty years of age, who, for the last seven years, ever since she attained the age of puberty, had been most irregular in her periods. had consulted various doctors who had prescribed for her, but none had succeeded in affording her relief. She is a girl of irreproachable character, and is certainly not enciente. Sometimes her periods occur at intervals of four months, sometimes three, and at others six. Eventually she came to consult me, and I prescribed Aletris Cordial, having already used it in another case with very good results. She is already very much better. I have also used it for a young woman of twenty-two years of age, who was suffering from peritonitis consequent on her confinement, which, although it passed off well, was not without subsequent contretemps of a serious

nature. Three months elapsed and her periods had not resume d. I gave her the Aletris and her periods reappeared copiously. She is now in excellent health. I also gave it to a young girl of seventeen or eighteen, who was similarly situated as the first named, and in this case it answered admirably.

Pulsatilla in Dysmenorrhea.—Dr. Chas. Bovet has successfully employed anemone pulsatilla in diseases of the uterus. He ascribes the greatest activity to the tincture prepared from the plants gathered fresh in June, and composed of equal parts by weight of the plant and of ninety per cent. alcohol. As regards the method of using the remedy: if the case is one of dysmenorrhea, Bovet gives the patient, four days before the beginning of the expected period, four tablespoonfuls of a wine which contains about ten drops of the alcoholic extract of pulsatilla to the tablespoonful. As soon as menstruction begins the use of the drug is discontinued for three or four days, and then resumed for three or four days in the dose employed at the beginning. Recovery from dysmenorrhea is frequently observed after following this practice for two months. If chlorosis exists along with dysmenorrhea, Bovet gives chloride of manganese also, in doses of five-sixths of a grain to the tablespoonful of wine of pulsatilla. In cases of ovaralgia, as the result of chronic infaret of the uterus or inflammation of the neighboring structures, the pulsatilla wine is given continuously, in moderate doses, until the pain completely disappears.—Les Nouveaux Remedes.

Samples of Sander & Sons' Eucalypti Extract (Eucalyptol) gratis, through Dr. Sander, Dillon, Iowa. Eucalyptol stands foremost as a disinfectant and antiseptic. Meyer Bros. Drug Co., St. Louis, Mo., sole agents. Look for the genuine product.

SAMPLE COPIES OF THE MONTHLY.—In reply to our request many subscribers send the names of their brother practitioners whom they think most likely to desire this journal. A number of these names are selected each month, and a "sample copy," so marken, is mailed to each address. It has never been our policy to send, consecutively, copies of the Monwary to any not having subscribed, so that we never present a bill and under the protection of the postal laws insist on its payment by one who has recovered the Monwary to any not having solicited it.

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# PHENACETINE-BAYER IN INFLUENZA

We have just received advices that Phenacetine-Bayer is being used to advantage both in Russia and Germany, in the treatment of the present epidemic of INFLUENZA. It is also being extensively employed in America for the same purpose.

DR. A. C. Hallam, Brooklyn, N. Y., states:—"That he has used Phenacetine extensively in the present epidemic of Influenza, and has been well pleased with its effects. The rapidity with which it relieves the muscular pains has been very gratifying to him, the patient breaking out in a profuse perspiration, and in a few hours seeming relieved of all but the catarrhal symptoms which run on and call for other treatment."—The New York Medical Journal, January 4th, 1890.

221 GENESEE STREET, UTICA, N. Y., Jan. 6th, 1890. To the Editor of the New York Medical Journal:

SIR: I desire to echo the statement made in your last issue by Dr. A. C. Hallam, of Brooklyn, viz.: That in the treatment of fifty cases of influenza I have used phenacetine in five-grain doses repeated hourly until fifteen grains had been taken, and in every case the severe muscular pains and headache diappeared; following this with five-grain doses, three times daily, of the salicylate of cinchonidine. This disease disappeared upon the fourth day, and in no cases have there been any sequelæ either of bronchitis or pneumonia. Phenacetine I consider superior in every way to antipyrine and acetanilide.

Charles R. Weed, M. D.

Phenacetine-Bayer (Para-Acetphenetidine), prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, is supplied by us in one ounce vials, and also in the form of our soluble pills, containing two, four, and five grains each. Either form may be obtained of any reputable apothecary.

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and Consulting Surgeon to the Paterson Eye and Ear Infirmary.

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33 Morph. Bi-Meconas, 1-6 grain.
34 Hydrarg. Chlor. Corros., 1-00 gr.
35 Hydrarg. Chlor. Corros., 1-00 gr.
36 Digitalini, 1-100 grain.
37 Atropinæ Sulphas. 1-200 grain.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      47 Hyoscyaminæ Sulphas, 1-60 gr.

Morphinæ Sulphas, 1-4 gr.

48 Picrotoxini, 1-40 grain

49 Picrotoxini, 1-50 grain.

50 Picrotoxini, 1-50 grain.

51 Coninæ Hydrobrom. 1-80 grain.

52 Coninæ Hydrobrom. 1-100 grain.

53 Coninæ Hydrobrom., 1-100 grain.

54 Curarinæ Sulphas, 1-60 grain.

55 Curarinæ Sulphas, 1-60 grain.

56 Curarinæ Sulphas, 1-60 grain.

57 Eserinæ Sulph., 1-60 grain.

58 Eserinæ Sulph., 1-60 grain.

59 Eserinæ Sulph., 1-100 grain.

59 Eserinæ Sulph., 1-100 grain.

50 Eserinæ Sulph., 1-100 grain.

50 Eserinæ Sulph., 1-100 grain.

60 Eserinæ Sulph., 1-60 grain.

61 Physostygminæ Salicylas, 1-40 gr.

62 Physostygminæ Salicylas, 1-40 gr.

63 Caffeinæ, 1 grain.

64 Caffeinæ, 1 grain.

65 Quin. Carbam. Mur., 2 grains.

66 Quin. Carbam. Mur., 3 grains.

67 Quin. Carbam. Mur., 3 grains.

68 Hyoscin Hydrobrom., 1-100 grain.

70 Spartein Sulphas, 1-50 grain.

71 Spartein Sulphas, 1-50 grain.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           Morphinæ Sulphas, 1-4 gr.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  79 Spartein Sulphas, 1-30 grain.
71 Spartein Sulphas, 1-30 grain.
72 Trinitrin, 1-100 grain.
73 Trinitrin, 1-150 grain.
74 Trinitrin, 1-200 grain.
```

We claim for our Hypodermic Tablets:

24

#### Absolute Accuracy of Dose. Ready and Entire Solubility. Perfect Preservation of the Drug.

Their convenience and utility will at once be apparent on examination. They are put up in Cylindrical Tubes, convenient for carrying in Hypodermic or Pocket case, ten Tubes in a box, with twenty tablets in each Tube. Note.—It will only be necessary in ordering to specify the Numbers, as Wyeth's Manufacture.

These Tablets will be sent by mail, on receipt of the proper amount.

#### PHILADELPHIA, PA.

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218 MAIN ST., Memphis, Tenn.

## ALBAN DENTAL AND SURGICAL CO.

-DEALERS IN-

## Surgical Instruments and Appliances,

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**Amputating Cases,** 

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AND A GENERAL ASSORTMENT OF

### INSTRUMENTS & APPLIANCES

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#### OLD INSTRUMENTS REPAIRED AND NICKEL PLATED

Orders by Mail will Receive Prompt Attention.

PRICES AS LOW AS ANY RELIABLE HOUSE.

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INDICATIONS: Neuralgia, Rheumatism, Nervous Headache,
Cout, Sciatica, Dysmenorrhoea, and where the use of the
Salicylates is indicated.

FORMULA:—Each fluid drachm represents Tonga, thirty grains; Extractum Cimicifugæ

Bacemosæ, two grains; Sodium Salicylate, ten grains; Pilocarpin Salicylate, onehundredth of a grain; Colchicin Salicylate, one five-hundredth of a grain.

Anti-Neuralgic, Anti-Rheumatic, Sedative, Anti-Spasmodic, Diaphoretic, Laxative.

## VIBURNATED CELERY.

A Combination of Celery, Black Haw, Guarana and Columbo.

PROPERTIES: Nervine, Stimulant, Anti-Spasmodic, Tonic, Diuretic.

INDICATIONS: Neurasthenia, Nervous Prostration, Brain Exhaustion, Nervous Headache, Opium Habit and all forms of Mental and Physical Debility.

The ingredients of Viburnated Celery are most carefully selected, whilst by our improved process of Special Percolation, their activity is secured and a constant uniformity is preserved.

DOSE: One to two teaspoonfuls in water three to four times a day.

The proprietors will send a bottle of Tongaline and of Viburnated Celery to the address of any physician who will agree to pay express charges on the package.

## PONCA COMPOUND.

ALTERATIVE-OXYTOCCIC.

PONCA is the name of a small plant growing on the southwestern prairies and is used by the Indian women for troubles of the uterus and its appendages, on account of a strong alterative action.

FORMULA:—Each tablet contains Ext. Ponca, 3 grs.; Ext. Mitchella Repens, 1 gr.; Caulo-phyllin, ½ gr.; Helonin, ½ gr.; Viburnin, ½ gr.

PONCA COMPOUND will correct Uterine Displacements, Metritis, Endo-Metritis, Subinvolution, Menorrhagia, Metrorrhagia, Leucorrhoea, Dysmenorrhoea, Ovarian Neuralgia, and Inflammation; checks Threatened Abortion and Miscarriage; restores Suppressed Menses from coid; removes Painful Symptoms of Pregnancy; relieves After-Pains and favors Involution.

Upon receipt of \$1.00, a bottle of the regular size, containing 100 tablets, will be mailed to the address of any physician.

MELLIER DRUG COMPANY, Sole Proprietors, ST. LOUIS.

MIEST AWARDS TO THE MANUFACTURES.

SILVER MEDAL



MELBOURNE AUS., 1889.

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HAMBURG, 1889

# MALT EXTRACT

"TARRANT'S"

ATUFACTURED BY LEOPOLD HOFF. HAMBURG.



#### THE ORIGINAL

Introduced Into the United States by Leopold Hoff, 1866.

#### THE IMPORTED

Imported by Tarrant & Co., per S. S. Hamburg-Am. Packet Co., since 1869.

#### THE GENUINE

Manufactured to-day in the same factory and by the same party asin 1866.

RECOGNIZED AS THE

## STANDARD NUTRITIVE TONIC

—FOR−

Convalescents, Nursing Mothers, Sick Children and in all Wasting Diseases.

Superior to any other preparation as a Safe and Pleasant Appetizer and Invigorant and as a Food in

#### TYPHOID FEVER.

CAUTION.—Beware of a substitute Malt Extract put up in a squatty bottle with the names "Johann Hoff" and "Moritz Eisnea" on neck. This new firm, trading under the name "Johann Hoff," for which the Eisner & Mendelson Co. are agents, were, in June, 1889, found

GUILTY of publishing a fictitious court decision GULITY of uttering a false affidavit by the GULITY

Berlin Court, the Prussian Royal Landgericht, for the purpose of extending the sales of their substitute preparation. What confidence can be placed in statements made by a firm found guilty of such practices?

In order to protect themselves and patients against substitution, Physicians are requested to specify

TARRANT'S when prescribing HOFF'S MALT.

### TARRANT & CO.,

SOLE AGENTS AND IMPORTERS,

stablished 1834.

NEW YORK.

## STEIN'S GENUINE TOKAY WINES.

In prescribing please specify

#### STEIN'S MEDICINAL TOKAYER -AND-MEDICINAL TOKAYER AUSBRUCH.

\$1.25 per Bottle.

\$1.75 per Bottle.

The words "Medicinal Tokayer" are legally protected by copy-right, but it is best to specify "Stein's" in order to make assurance doubly

These wines have been analyzed and endorsed—not for the wine growers, but at the request of European buyers—by such leading practitioners as Dr. M. Freitag, Bonn; Dr. C. Bischoff, Berlin; Dr. Kayser, Dortmund; Dr. Heinrich, Rostock; Dr. Fresenius, Wiesbaden, and many others, the authentic certificates of whose investigations and commendatory reports are in our possession.

Supplies are received in original bottles and cases direct from TOKAY, Hungaria, where the firm ERN. STEIN are the owners of the leading and largest vineyards; viz., Benczik, Baksa, Diokút, Hoszú, Omlas, Fekete, Veres, Parlag and Raffay, besides controlling the product of the vineyards of relatives. We unhesitatingly recommend these wines for their superior quality and purity.



TRADE-MARK.

For sale by leading druggists everywhere, or obtainable in case lots from the agents.

SOLE AGENTS. I FHN & FINK NEW YORK.

## Drees' Liquor Ferri Albuminati.

A VALUABLE REMEDY IN

#### Anaemia, Malnutrition and Kindred Diseases of the Blood.

Dispensed only on Physicians



All Infringers and Imitators will be Prosecuted as

This preparation of iron was first introduced by Dr. Friese in 1877 as the most palatable form for internal administration; its excellence of combination was at once recognized, and very general discussion among the profession led to improved formulas, the admittedly most perfect being that of Dr. H. G. Drees, of Bentheim.

Dr. H. G. Drees, of Bentheim.

The liquor is reddish-brown, of oily consistency, spirituous cinnamon-like odor, sweetish taste, alkaline reaction. It mixes with water in all proportions, and in such solution holds the albumen without precipitation. An addition of muriatic acid separates the albumen, but a second addition of the acid corrects the separation. It mixes readily with milk, chyle and other albuminates, and is generally taken with milk.—The dose for adults is one-half to one teaspoonful, two or three times a day; for children five to thirty drops. The digestion of the patient is not disturbed by the use of this Liquor Ferri Albuminati, but in many cases improved; Wine of Cinchona, or Essence of Pepsine, is recommended to be taken as an adjunct in many cases.

Drees' Liquor Ferri Albuminati is now put up in a private

Drees' Liquor Ferri Albuminati is now put up in a private mould, 14 oz. panelled square bottle (see opposite illustration) with lithographed label, design protected by this trade mark; also in 5 pint bottles for Hospital use.

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Physicians can procure samples through any Retail Druggist, to whom they are supplied by the Agents.—For sale by all leading Wholesale and Retail Druggista

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Local Anæsthetic, Antiseptic, Germicide and Parasiticide.

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## A TRUE CHEMICAL COMBINATION OF REFINED CAMPHOR AND PURE CHLOROPHENIC ACID.

IT PREVENTS SUPPURATION IN FRESH WOUNDS, whether incised or lacerated, and controls it in wounds in all stages; Its Local Anæsthetic Property abolishes or obtunds pain almost immediately, two qualities which, combined, make it the most Effective Antiseptic Vulnerary and Dressing yet offered to the Medical Profession.

For Sale by all Drugsists. For Samples and Literature address,

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DOCTOR, thousands of Infants die from Artificial Feeding who would live and thrive if their Mothers were enabled to yield good milk copiously by using Nutrolactis, the Galactagogue.

FORMULA—Galega officinalis G apolinea, G. tephrosia.

See Stelle & Mairelis National Dispensatory.

Prepared by the ROSEBERRY NUTROLACTIS COMPANY.

18 Courtlandt Street, New York. Samples Free to Physicians who pay Express Charges.

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## LION BREWERY.

#### TO THE MEDICAL PROFESSION:

The Windisch, Muhlhauser Brewing Co., of Cincinnati, O., finding that their special brand of beer (invalid's beer) has been so liberally endorsed and highly recommended by the medical profession, and learning also of much embarrassment in procuring their goods in certain localities where temperance agitation is manifest, they have concluded to use all reasonable and legitimate means to secure co-operation with physicians in behalf of the sick and the proper use of a beer when desired. The multiple great and small ills for which physicians declare they have successfully recommended beer is a guarantee of their liberality, wisdom and good faith, and of the good results attained by its use. Outside of large cities, where there is temperance agitation, or where prohibitory law prevails, the doctor, patient and liberal society, prescribe this remedy in illness that should govern the use of this agent. Learned doctors know better than any other class of men the meaning of a pure stimulant and food combined, yet, for policy sake, sometimes yield to be bound by the condition of local affairs and issues. Knowing whereof we speak, we declare that the abuse of the general traffic in beer offends society and not the article. Speaking in general terms, it is a fact, that society would like to drink a pure beer, under the advice of the family physician for the recovery and promotion of health, but many will not be identified with the general traffic. To meet this demand of the profession and the people, we earnestly ask for the co-operation of the physicians, in extending in the market this pure beer, at reasonable prices, manufactured especially for invalids.

#### Each bottle will be labeled "PURE BEER for invalids, manufactured by the Windisch, Muhlhauser Brewing Co., Cincinnati, Ohio."

NOTE. — We invite the attention of Physicians to this reliable brand of Beer, feeling that it will meet a long felt demand of the profession and 31

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## OVIBURN

#### POWERFUL UTERINE TONIC AND ANTISPASMODIC.

The most PERFECT compound EVER OFFERED to the MEDICAL PROFESSION for the relief of the following female disorders: DYSMENORRHŒA AMENORRHŒA, MENORRHŒA, LEUCORRHŒA, SUBINVOLUTION, PUERPERAL CONVULSIONS, RELAXED conditions of UTERUS and APPENDAGES, and THREATENED ABORTION; directing its action in a most remarkable manner to the entire UTERINE system as a general tonic and ANTISPASMODIC, and in cases of impaired vitality, COM-PLETE RESTORATION FOLLOWS ITS USE.

This happy combination is the result of an EXTENSIVE PROFESSIONAL EXPERIENCE RUNNING THROUGH A SERIES OF YEARS, in which the constituent parts have been FULLY TESTED, singly and in combination, in various proportions, until PERFECTION has been ATTAINED.

We, with the profession, have no regard for secret remedies.

is prepared for prescribing exclusively, and the Formula as given, will commend itself to every intelligent physician.

FORMULA:

VIBURNUM PRUNIFOLIUM, VIBURNUM OPULUS, DIOSCOREA VILLOSA, ALETRIS FARINOSA, HELONIAS DIOICA, MITCHELLA REPRNS, CAULOPHYLLUM THALISTROIDES, SCUTELLARIA LATERIFLORA.

Every ounce contains # dram each, of the fluid extracts.

DOSE: For adults from a dessert to a tablespoonful three times a day, after meals. In urgent

cases, where there is much pain, doses may be given every hour or two, always in hot water.

The skill of a highly accomplished pharmacist and thorough chemist was required to combine the resmoids in a palatable, effective and elegant form, and at the same time retain and enhance the therapeutical action.

Jno. B. Johnson, M.D., Professor of the Principles [ L. Ch. Boisliniere, M.D., Prof. Obstetrics, St. Louis and Practice of Medicine, St. Louis Medical College.

ST. LOUIS, June, 20, 1888.

I very cheerfully give my testimony to the virtues of a combination of vegetable remedies prepared by a well-known and able pharmaceutist of this city and known as DIOVIBURNIA, the commiscity and the commiscity an ponent parts of which are well known to any and all physicians who desire to know the same, and therefore have no relation to proprietary or quack remedies. I have employed this medicine in cases of dysmenorrhea, suppression of the catemania, and in excessive leucorrhea, and have been much pleased with its use I do not think its claims (as set forth in the circular accompanying it) to be at all excessive. I recommend its trial to all who are willing to trust to its efficacy, believing it will give satisfaction. Respectfully

Boislinies, M.D. Ch.

to the medical profession.

Medical College. St. Louis, June 18, 1888. I have given DIOVIBURNIA a fair trial and

found it useful as an uterine tonic and antispas-

modic, relieving the pains of dysmenorrhea and regulator of the uterine funtions. I feel authorized to give this recommendation of DIOVIBURNIA as it is neither a patented nor a secret medicine, the formula of which having been communicated freely

H. Tuholske, M.D., Protessor Clinical Surgery and Surgical Pathology, Missouri Medical College; also Post-Graduate School, St. Louis.

St. Louis, June 23, 1888. I have used DIOVIBURNIA quite a number of times; sufficiently frequently to satisfy myself of its merits. It is of unquestionable benefit in painful dysmenorrhea, it possesses antispasmodic properties which seem to especially be exerted on the

uterus.

O any physician, unacquainted with the medicinal effects of DIOVIBURNIA, we will mail pamphlet containing full information, suggestions, commendations of some of the most prominent practitioners in the profession, and various methods of treatment; also a variety of valuable prescriptions that have been thoroughly tested in an active practice, or to physicians desiring to try our preparations and who will p wy express charges, we will send on application a bottle free.

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UTRITIVE-TONIC-ALTERATIVE.

#### Each fluidounce contains:

Hypop

hosphite "	Soda, - Lime, .	٠.	٠.	٠.	٠.	٠.	٠.	2 grains.
"	Iron							11/4 "
**	Quinine.	٠.	٠.	٠.			٠.	3/ "
"	Manganese,							11/2 "
"	Strychnine,			•	•			1-16 "

Dose - One to four fluidrachms.

PINT BOTTLES, \$1.00

DEING composed in part of ingredients of the original "CHURCHILL'S SYR. HYPO-PHOSPHITES," and containing the excellent Constructive Tonics and STIMULINTS, Iron, Quinine, Strychnine, Manganese, this combination is ecognized by Physicians as an excellent remedy in

#### Pulmonary Weakness, Scrofulous Taint,

#### Incipient Consumption, General Debility, Etc.

The various salts are in COMPLETE and PERMANENT solution. ACCURATE UNI-FORMITY is secured by the utmost care in compounding this preparation.

We ask attention to the bllowing statements:

We ask attention to the sollowing statements:

Messins R. A. Robinson & Co.

Gentlemen: I have been prescribing the "Syrup of Hypophosphites" and "Wine of Coca," prepared by your firm, with uniformly good results. Both are elegant preparations. As a stimulant in cases of Exhaustion, from whatever cause arising, and as an antidote to the evil effects of Opium, your "Wine of Coca" has proven most serviceable. Your "Syrup of the Hypophosphites" presents a combination of constructive tonics and alteratives massed together in palatable form and in a beautiful solution, indicative of unsurpassed Pharmaceutical Art. I have used the latter in the debility of the old and young, with nursing mothers, and with those of strumous and turbercular tendencies, with most gratifying effects.

Yours very respectfully, (Signed) COLEMAN ROGERS, M. D.

Masses R. A. Robinson & Co.

Gentlemen: For a number of months I have been prescribing your "Syrup of Hypophosphites," and have also been employing your "Wine of Coca," since it was placed before the profession. In my prescriptions I have specified "R. A. Robinson & Co.," because of my confidence in the integrity of the manufacturers. After having observed the effects of the above preparations on a large number of patients, I am convinced that no similar mixtures, now upon the market, are so elegant and palatable, and at the same times in variable and accurate in composition. and at the same time so invariable and accurate in composition.

Respectfully your obedient servant,
(Signed) JAMES M. HOLLOWAY, M. D., No. 728 4th ave.

DR. CHAS. DRNISON, Denver, Colorado, says: "Your Hypophosphites has few equals." DR. R. F. SEAY, Washington, Ga., writes of our preparations: "They are not only elegant and palatable, but give the best results."

Please specify ROBINSON'S.

-MANUFACTURE ALSO-

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The College Building is immediately opposite the City Hospital, where

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And bedside instruction given. In addition to these the City and College Dispensaries afford a

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It can be safely asserted that for Clinical Advantages, Memphis is unsurpassed by any city in the southwest.

Laboratory, Library, Museum and Dissecting-Room, all well ventilated, and each fully supplied in the most modern manner.

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FOR DISEASES OF THE NERVOUS SYSTEM, Washington, D. C.



HAMMOND announces to the medical profession that he has returned from

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A large Solarium for Sun-baths and exercise in cold or inclement weather and heated with steam in winter is constructed on the ton of the main building.

steam in winter, is constructed on the top of the main building.

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For further information Dr. Hammond can be addressed at The Sanitarium, Fourteenth street, and Sheridan avenue, Washington, D. C.

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MALTINE is far superior in nutritive and diastatic value to any Malt extract manufactured in the world. There is no reconstructive that excels Maltine in Phthisis and many wasting diseases.

Richmond, Dec. 27, 1888. After a long experience with them [MALTINE and its compounds], I find them HUNTER McGuire, M. D., Professor Surgery, Med. Col. of Virginia. very reliable and valuable.

Philadelphia, Pa., October 7, 1889. MALTINE I frequently prescribe with advantage. D. HAYES AGNEW, M. D.

COMPLETE MALTINE Plain.

MALTINE with Cod Liver Oil.

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MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphate, Iron, Quinia and Strichnia.

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MALTINE Ferrated.

MALTO-YERBINE.

In cases where the physician intends to prescribe Maltine, the word "Maltine" should be written and not simply "Malt Extract," or "Extract of Malt."

We will be happy to supply any regular practitioner with eight ounces each of any two Maltine compounds that may be selected from our list, providing he will agree to pay express charges on same.

> THE MALTINE MANUFACTURING CO., 54 Warren Street, New York.

## Special Notice to Physicians.

The attention of Physicians is especially called to my superior facilities for compounding Prescriptions sent by mail, where the ingredients are rare, and not obtainable at home, or are required to be of especial purity or strength. Physicians who keep up with the march of medical science, would do well to keep this in mind. All Prescriptions are filled by graduated Pharmacists. I also furnish Physicians' All letters promptly answered, and the favor of a call solicited. Respectfully,

### HENRY J. HEISTER.

Chemist and Druggist,

283 Main St..

Memphis, Tenn.







## BROWIDIA

#### HE HYPNOTIC.

FORMULA.-

Every fluid drachm contains 15 grains EACH of Pure Chloral Hydrat. and purified Brom. Pot., and one-eighth grain EACH of gen. imp. ext. Cannabis Ind. and Hyoscyam.

DOSE.

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.-PREPARATIONS.

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness m and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

## PAPINE

HE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

INDICATIONS.-

Same as Opium or Morphia.

DOSE .-

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PRESCRIBING (ONE FLUID DRACHM)-represents the Anodyne principle of one-eighth grain of Morphia.

## IODIA

The Alterative and Uterine Tonic.

FORMULA.

lodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum, and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.

One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions, and General Uterine Debility.

CHEMISTS' CORPORATION.

BRANCHES:

76 New Bond Street, London, W. 5 Rue de la Paix, Paris. 9 and 10 Dalhousie Square, Calcutta.

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